

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23444
3154

| | | | | | | | | | |
|--|--|---|--|---|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo.</u> | | c. LENGTH OF STAY (in this place) <u>45 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 49</u> | | 46 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorah Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>35 EAST 32ND STREET TERRACE</u> | | | | | |
| 3. NAME OF DECEASED a. (First) <u>Herbert</u> | | | b. (Middle) _____ | | c. (Last) <u>Hogue, Sr.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 19 49</u> | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>1-20-1888</u> | | 9. AGE (In years last birthday) <u>61 yrs.</u> IF UNDER 1 YEAR Days _____ IF UNDER 6 Mos. Hours _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>REALTOR</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>ALTAMONT, KANSAS</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>HIRAM HOGUE</u> | | | 13b. MOTHER'S MAIDEN NAME <u>ADDIE DAVIS</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Ruth K.M. HUGH HOGUE</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WORLDWAR I</u> | | | 16. SOCIAL SECURITY NO. <u>495-09-2061</u> | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. RUTH K.M. HUGH HOGUE</u> <u>36 EAST 32ND TERR. KANSAS CITY, MO.</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion (ant)</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>Thrombophlebitis (R Leg)</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ 4123 X | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson MO</u> | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | | |
| 22. I hereby certify that I attended the deceased from <u>July 12, 1949</u> , to <u>July 19, 1949</u> , that I last saw the deceased alive on <u>July 19, 1949</u> and that death occurred at <u>5:30 AM</u> from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Joseph Getelson M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>1219 Realto. Bldg</u> | | | | 23c. DATE SIGNED <u>7-19-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>JULY 21-1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> | | | |
| DATE REC'D BY LOCAL REG. <u>7-21-49</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newcomb</u> | | ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u> | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5782 I 5114

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Bernard L. Goran

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.