

No. 300
19 48

FILED JAN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

989

State File No.

BIRTH NO. REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: HOWELL
b. CITY (If outside corporate limits, write RURAL and give town): WEST PLAINS
c. LENGTH OF STAY (In this place) (township): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: 318 LOCUST STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: HOWELL
c. CITY (If outside corporate limits, write RURAL and give township): WEST PLAINS 0461
d. STREET ADDRESS (If rural, give location): 318 LOCUST STREET

3. NAME OF DECEASED
a. (First) MABEL b. (Middle) GERALDINE c. (Last) HOGLEN
4. DATE OF DEATH (Month) (Day) (Year) JAN. 11, 1950

5. SEX: Female 6. COLOR OR RACE: white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 8. DATE OF BIRTH: FEB. 22, 1905 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.): 44 10 41

10a. USUAL OCCUPATION: (Give kind of work done during most of working life, even if retired): Homemaker 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): HOWELL COUNTY, MO 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: THEO. T. TAYLOR 13b. MOTHER'S MAIDEN NAME: BERTHA POOL 14. NAME OF HUSBAND OR WIFE: GROVER D. HOGLEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No 16. SOCIAL SECURITY NO.: 17. INFORMANT'S SIGNATURE OR NAME: MRS. THEO. T. TAYLOR ADDRESS: WEST PLAINS, MO. RURAL ROUTE, 1.

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, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor
ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
223X

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? YES NO

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.): 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1950, to 1-1, 1950, that I last saw the deceased alive on 1-1, 1950, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE: [Signature] (Degree or title) M.D. 23b. ADDRESS: West Plains 23c. DATE SIGNED: 1/14/50

24a. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24b. DATE: JAN. 13, 1950 24c. NAME OF CEMETERY OR CREMATORY: HOWELL VALLEY CEM. 24d. LOCATION (City, town, or county) (State): HOWELL COUNTY, MO.

DATE REC'D BY LOCAL REG.: 1-14-50 REGISTRAR'S SIGNATURE: Beatrice Cook 379 25. FUNERAL DIRECTOR'S SIGNATURE: Hal Thomburg ADDRESS: WEST PLAINS, MO. 308 SO. CURRY ST.

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

JAN 17 1950

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 Hal Thowburgh

Licensed Embalmer No. 3408

P. O. Address. West Plains, Mo

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.