

FILED MAY 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13015**  
Registrar's No. **1884**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1884</u>			
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 OR TOWN (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>29 YEARS</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY MO</u>		d. STREET ADDRESS (If rural, give location) <u>2721 BENTON BLVD 0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKESIDE HOSPITAL</u>				3. NAME OF DECEASED a. (First) <u>VADA</u> b. (Middle) <u>M.</u> c. (Last) <u>HOGEL</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 23-1950</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			
8. DATE OF BIRTH <u>JAN-25-1891</u>		9. AGE (In years last birthday) (Specify) <u>59 YRS</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY ..			
11. BIRTHPLACE (State or foreign country) <u>CHILLICOTHE MISSOURI</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					
13a. FATHER'S NAME <u>SAMUEL McCLOUGHAN</u>		13b. MOTHER'S MAIDEN NAME <u>NAOMI CHAFFEE</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM C. HOGEL</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WILLIAM C. HOGEL 2721 BENTON BLVD. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforation of the rectum</u> <u>R vaginal fecal fistula</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Adenocarcinoma of the colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>578h</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)					
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>2-19</u> , 19 <u>40</u> , to <u>4/23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4/23</u> , 19 <u>50</u> , and that death occurred at <u>2:15 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Charles A. Wente</u> (Degree or title)				23b. ADDRESS <u>3 East 39th St.</u>		23c. DATE SIGNED <u>4-24-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR 24 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>4-24-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

10-5:30  
3-3-39  
L.M.

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Reyle L. Daniel

Signed .....  
Student Embalmer

Licensed Embalmer No. 4703

P. O. Address Kennett City - Missouri

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.