

FILED APR 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. **13894**

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

BIRTH NO. _____ REG. DIST. NO. **237** PRIMARY REG. DIST. NO. **4353** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY New Madrid			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid		
b. CITY (If outside corporate limits, write RURAL and give township) Gideon		c. LENGTH OF STAY (In this place) 16 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Gideon, Missouri		d. STREET ADDRESS (If rural, give location) 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Home					
3. NAME OF DECEASED (Type or Print) a. (First) Goldie b. (Middle) Edieth c. (Last) Hogan			4. DATE OF DEATH (Month) April (Day) 15 (Year) 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6, 1912		9. AGE (In years last birthday) 37 IF UNDER 1 YEAR Month 10 Days 9 IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Cherry Valley, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S. A.
13a. FATHER'S NAME Charley Legans		13b. MOTHER'S MAIDEN NAME Anna Mae Catt		14. NAME OF HUSBAND OR WIFE James Robert Hogan	
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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Mae Legans		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 1 Hour
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)		
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 Jan 1, 1946 to April 15, 1950 , that I last saw the deceased alive on April 13, 1950 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE J. H. Hopkin			23b. ADDRESS Gideon, Mo		23c. DATE SIGNED 4-17-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-17-50	24c. NAME OF CEMETERY OR CREMATORY Malden Cemetery	24d. LOCATION (City, town, or county) (State) Malden, Missouri		
DATE REC'D BY LOCAL REG. 4-17-50		REGISTRAR'S SIGNATURE Mrs. Byron Sharp		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lloyd Russell, Leggett, Ark.	

(Licensed Embalmer's Statement on Reverse Side)

