

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15884

FILED JUN 7 1950

BIRTH NO. REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 5027 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>BATES</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES</b>		
b. CITY OR TOWN <b>RURAL-HOWARD TWP.</b>		c. LENGTH OF STAY (in this place) <b>4 YRS.</b>	c. CITY OR TOWN <b>RURAL-HOWARD TWP.</b>		d. STREET ADDRESS (If rural, give location) <b>RICH HILL, MO. R.F.D. #2</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RICH HILL, MO. R.F.D. #2</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>ANDREW</b> c. (Last) <b>BOGAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY-26-1950</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC. 14-1866</b>		9. AGE (In years last birthday) <b>83</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (State or foreign country) <b>VERNON COUNTY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>THOMPSON BOGAN</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH GILLISPIE</b>		14. NAME OF HUSBAND OR WIFE <b>DOSIA BOGAN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George Bogan - Mtg, Mo.</b>		

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medical Certification</b> <b>Coronary thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERNAL BETWEEN ONSET AND DEATH <b>24 hours</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>331X</b>
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) (Min.)		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 **May 26, 1950** to **May 26, 1950**, that I last saw the deceased alive on **May 26, 1950**, and that death occurred at **5:00 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George Bogan M.D.</b>		23b. ADDRESS <b>Rich Hill, Mo.</b>		23c. DATE SIGNED <b>May 26 1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY-29-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CLARK CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>VERNON COUNTY, MO.</b>
DATE REC'D BY LOCAL REG. <b>6-1-50</b>		REGISTRAR'S SIGNATURE <b>Bern H. Martin</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Booth Funeral Home, Rich Hill, Mo.</b>	

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

RECEIVED 6.5.50  
District Health Officer No. 7,  
District File Number 5.50-606  
Date Filed 6.6.50

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 Robert S. Steinbeck

Signed.....  
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, 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.