

FILED FEB 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 4482

0396

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 702

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Arkansas</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Imboden, ARK</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>IMBODEN, ARK</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b>	b. (Middle)	c. (Last) <b>HOGAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2-9-51</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>11-23-1881</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>THOMAS HOGAN</b>	13b. MOTHER'S MAIDEN NAME <b>REBECCA TODD</b>	14. NAME OF HUSBAND OR WIFE <b>SINGLE</b>
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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>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Cleo Beck</b>	ADDRESS <b>Springfield, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH  <b>610X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Wernicke</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>ch. pyelonephritis</b> the underlying cause last. DUE TO (c) <b>Benign Hypertensive Heart Disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Sensility</b>			

19a. DATE OF OPERATION <b>2/27/51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Resection of prostate gland Benign Hypertrophy</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **1-23-1951**, to **2-9-1951**, that I last saw the deceased alive on **2-5-51**, and that death occurred at **955p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter Samuel M.D. Springfield Mo</b>	23b. ADDRESS <b>Imboden Arkansas</b>	23c. DATE SIGNED <b>2-10-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal &amp; Burial</b>	24b. DATE <b>2-11-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Imboden Arkansas</b>	24d. LOCATION (City, town, or county) (State) <b>Imboden Arkansas</b>
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DATE REC'D BY LOCAL REG. <b>2-12-51</b>	REGISTRAR'S SIGNATURE <b>W.E. Standley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. Klingner &amp; Co.</b>	ADDRESS <b>Spfld. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

*Mal Rhodes*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4071

P. O. Address Spring Hill

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.