

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Bogam

State File No. 16956

FILED MAY 29 1951

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 242	
1. PLACE OF DEATH a. COUNTY <i>Jasper</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Charleston</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Joplin</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>Baxter Springs 8150</i>		OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Johns Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>1942 Park ave. 8</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Katherine M.</i> b. (Middle) <i>Cubaugh</i> c. (Last) <i>Cubaugh</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>5-24-51</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>4-27-1884</i>	9. AGE (in years last birthday) <i>67</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		11. BIRTHPLACE (State or foreign country) <i>Quincy Ill. 1</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>B. Lewis</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Ellen Lewis</i>		14. NAME OF HUSBAND OR WIFE <i>Clarence W. Cubaugh</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>X</i>		16. SOCIAL SECURITY NO. <i>X</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Clarence W. Cubaugh</i> ADDRESS <i>Baxter Springs Mo.</i>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertension, Uremia</i> ANTECEDENT CAUSES <i>Cardiac Decompensation</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <i>443X</i> 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 <i>11-12, 1947</i> , to <i>5-24, 1951</i> , that I last saw the deceased alive on <i>5-24, 1951</i> , and that death occurred at <i>1 A</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>H. Bogam</i>		(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Baxter Springs, Mo.</i>		23c. DATE SIGNED <i>5-24-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>5-24-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New Swan Mt</i>		24d. LOCATION (City, town, or county) (State) <i>Quincy Ill.</i>	
DATE REC'D BY LOCAL REG. <i>5-24-51</i>		REGISTRAR'S SIGNATURE <i>James J. Jones</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>James W. Jones</i>		ADDRESS <i>Baxter Springs Mo.</i>	

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

RECEIVED 5-28-51

Jasper County Health Office

County File Number 51/5/444

Date Filed 5-28-51

AUG 26 1951

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 _____

Wene Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lance Wene

Licensed Embalmer No. 2880 Gmo

P. O. Address Baxter Spgs Bar

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.