

FILED JUL 9 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20897

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Demarcat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Demarcat</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u> <u>0782</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>522 E 19th st</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROY</u>	b. (Middle) <u>ARNOLD</u>	c. (Last) <u>BOGARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June-23-1951</u>
5. SEX <u>M</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Nov-1-1884</u>	9. AGE (In years last birthday) <u>66</u> If UNDER 1 YEAR: Months <u>7</u> Days <u>22</u> If UNDER 1 MRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labour</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Charleston, W.V.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Tom Clifton Bogard</u>	13b. MOTHER'S MAIDEN NAME <u>Carrie C. Shelby</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>D. E. Bogard</u> ADDRESS <u>Central 20897</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown - this person</u>	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES (b) <u>died cerebral Medical</u>		
	Morbidity conditions, if any, giving rise to the above cause (c) stating the underlying cause last. <u>attention</u>		
	DUE TO (c) <u>attention</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7955</u>	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) (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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>James A. Palmer</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Wardell, Mo.</u>	23c. DATE SIGNED <u>6-25-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/25/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little prairie</u>
24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>La Foye and Co.</u> ADDRESS <u>Caruthersville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/6/51</u>	REGISTRAR'S SIGNATURE <u>Jessie B. Wilke</u>	

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

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7-51-175

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri.

6 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Amel O. Mason

Licensed Embalmer No. 4636

P. O. Address Caruthersville

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.