

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37899

State File No.

No. 2000
10-48
DEC 2 1952

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5180 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY Camden
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Warren Twp.
c. LENGTH OF STAY (in this place) 70 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Decaturville Community
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO.
b. COUNTY Camden
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Warren Twp.
d. STREET ADDRESS (If rural, give location) Decaturville 0150

3. NAME OF DECEASED
a. (First) Deht
b. (Middle) Hogue
c. (Last) Hogue
4. DATE OF DEATH (Month) (Day) (Year) Nov 24 1952
5. SEX F
6. COLOR OR RACE Whk
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan 30, 1883
9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY housewife
11. BIRTHPLACE (City and State or Foreign Country) Hickory Co Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James A. Gump
13b. MOTHER'S MAIDEN NAME Sarah Richards
14. NAME OF HUSBAND OR WIFE Joseph Hogue
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. none
17. INFORMANT'S SIGNATURE OR NAME Mr. Clint Rogers
ADDRESS Decaturville Mo

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) myocardial failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Advanced jaundice
DUE TO (c) Adenocarcinoma of liver
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized metastases
INTERVAL BETWEEN ONSET AND DEATH
60 days
?

19a. DATE OF OPERATION Oct 10, 1952
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of liver. Also enlarged gall bladder.
20. AUTOPSY? YES NO
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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? 1561

22. I hereby certify that I attended the deceased from Oct. 21, 1952, to Oct. 21, 1952, that I last saw the deceased alive on Oct. 21, 1952, and that death occurred at 10:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE Harry M. Griffith, M.D. (Degree or title)
23b. ADDRESS Camden, Mo.
23c. DATE SIGNED Nov. 28, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 11/26/52
24c. NAME OF CEMETERY OR CREMATORY St. Alb.
24d. LOCATION (City, town, or county) (State) Camden Co Mo

DATE REC'D BY LOCAL REG. Nov. 29-1952
REGISTRAR'S SIGNATURE Zilpha Traw
25. FUNERAL DIRECTOR'S SIGNATURE Julius Lebaras ADDRESS Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

50
1

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 S. P. Palmer.....

Licensed Embalmer No. 2208.....

P. O. Address Lebanon, 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.