.S. No. 300
ev. 10.48

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

5190
/

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

605

State File No.

FILED FEB 10 1953

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4098 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belton
c. LENGTH OF STAY (In this place): 79 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 601 Commercial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belton, Mo 0190
d. STREET ADDRESS (If rural, give location): 601 Commercial 0

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): Belle
c. (Last): Hogard

4. DATE OF DEATH (Month): 1 (Day): 30 (Year): 53

5. SEX: Fe /

6. COLOR OR RACE: Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 4-27-73

9. AGE (In years last birthday): 79 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (City and State or Foreign Country): Belton, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Samuel R. Rider

13b. MOTHER'S MAIDEN NAME: Sarah Young

14. NAME OF HUSBAND OR WIFE: Frank L. Hogard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Katherine Rider
ADDRESS: Belton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA, HYPOSTATIC — INTERVAL BETWEEN ONSET AND DEATH: 7 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) MYOCARDITIS, CHRONIC — 3 YRS.
DUE TO (c) ARTERIOSCLEROSIS, GENERALIZED — 10 YRS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
— 4221 —

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION: NONE

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): BELTON, CASS, MISSOURI

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: — NONE —

22. *I hereby certify that I attended the deceased from* JAN. 23, 1953, *to* JAN. 30, 1953, *that I last saw the deceased alive on* JAN. 30, 1953, *and that death occurred at* 12:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Herbert A. Tracy (Degree or title): M.D.

23b. ADDRESS: BELTON, Mo.

23c. DATE SIGNED: 1-31-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-1-53

24c. NAME OF CEMETERY OR CREMATORY: Belton Cemetery

24d. LOCATION (City, town, or county) (State): Belton, Mo.

DATE REC'D BY LOCAL REG.: Feb 1 1953

REGISTRAR'S SIGNATURE: Dora Barnard 457-

25. FUNERAL DIRECTOR'S SIGNATURE: E. K. George & Sons Inc By B. Hodges
ADDRESS: Belton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 7
CASS COUNTY
HEALTH DEPARTMENT

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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, 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.