

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 249 Registrar's No. 8

5004

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

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give town) Hillsboro, Mo.		c. LENGTH OF STAY (in this place) 2 Wks.	c. CITY (If outside corporate limits, write RURAL and give township) Crystal City, Missouri <u>0501</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home		d. STREET ADDRESS (If rural, give location) 216 Broadway	

3. NAME OF DECEASED (Type or Print) a. (First) Tony b. (Middle) Bogdanoff c. (Last) Bogdanoff			4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 14, 1892	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 4 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Serbia, Europe <u>8</u>	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Semo Bogdanoff		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Olga Bogdanoff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Fred Bogdanoff, Crystal City, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aneurysm of hemorrhoid		
	DUE TO (c) Arterio-sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 330X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 Feb 9, 1953, to Feb 23, 1953, that I last saw the deceased alive on Feb 22, 1953, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas D. Bohlin M.D.		23b. ADDRESS Hillsboro, Mo.	23c. DATE SIGNED Feb 24-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 24/53	24c. NAME OF CEMETERY OR CREMATORY Festus Methodist	24d. LOCATION (City, town, or county) (State) Festus, Mo.
DATE REC'D BY LOCAL REG. 2-24-53	REGISTRAR'S SIGNATURE Kathleen Marsden	25. FUNERAL DIRECTOR'S SIGNATURE James P. Cady	ADDRESS Crystal City, Mo.

24

DATE RECEIVED FEB 27 1953
HILLSBORO, MISSOURI
JETTERSON COUNTY HEALTH DEPT.

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 James Richard Cady

Licensed Embalmer No. 4309

P. O. Address Crystal City, 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.