

FILED APR 6 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10803

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>11</u>	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>Ozark</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Township # 23</u> c. LENGTH OF STAY (in this place) <u>3 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Marion</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norfolk Twp</u> <u>8030</u> d. STREET ADDRESS (If rural, give location) <u>Oakland, Ark.</u> <u>8</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Eunice</u> b. (Middle) <u>Hogan</u> c. (Last) _____				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 16, 1953</u>			
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>white</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>		<b>8. DATE OF BIRTH</b> <u>8-11-1905</u>	
<b>9. AGE</b> (In years last birthday) <u>47</u>		<b>10. UNDER 1 YEAR</b> Months <u>7</u> Days <u>5</u>		<b>11. UNDER 24 HRS.</b> Hours _____ Min. _____			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Oakland, Arkansas</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> _____							
<b>13a. FATHER'S NAME</b> <u>Jefferson Gilbert</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>May McCracken</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Conley C. Hogan</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Conley C. Hogan, Noble Mo.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> ANTECEDENT CAUSES <u>Chronic Nephritis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Glomerulonephritis</u> Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION <u>592X</u>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 yrs</u>  <u>3 yrs</u>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____			
<b>22. I hereby certify that I attended the deceased from</b> <u>3-18</u> , 19 <u>50</u> , to <u>3-16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-16</u> , 19 <u>53</u> and that death occurred at <u>7:00 Pm.</u> , from the causes and on the date stated above.							
<b>23a. SIGNATURE</b> <u>M. C. Gentry</u> (Degree or title) <u>M.D.</u>				<b>23b. ADDRESS</b> <u>awa mo</u>			
<b>23c. DATE SIGNED</b> <u>3-20-53</u>							
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>3-20-53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Oakland Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Oakland Arkansas</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>3-28-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Thos. Mahan</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Yellville</u> <b>ADDRESS</b> <u>Funeral Home, Yellville, Ark.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

*Eunice Hogan*

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Chester J. Rea*

Licensed Embalmer No. *E 978-*

P. O. Address *Yecerville, Ark*

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.