

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10978

State File No. _____

0940 4
BIRTH NO. _____
MAR 18 1953

REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4494 Registrar's No. 34

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| 1. PLACE OF DEATH a. COUNTY <u>Polk</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Humansville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Flemington</u> <u>0840</u> | |
| c. LENGTH OF STAY (in this place) <u>22 hrs</u> | | d. STREET ADDRESS (If rural, give location) <u>Star Rte Flemington</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Geo. Dimmitt Mem. Hospital</u> | | | |

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|---|---------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>Marie</u> c. (Last) <u>Hogan</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-10-53</u> | | |
| 5. SEX <u>Fe</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>9-6-85</u> | 9. AGE (In years last birthday) <u>67</u> | # UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 11. BIRTHPLACE (City and State or foreign Country) <u>Chicago, Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Rudolph Meinecke</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown Hensler</u> | | 14. NAME OF HUSBAND OR WIFE <u>Robert E. Hogan Sr.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u> (If yes, give war or dates of service) <u>-</u> | | 16. SOCIAL SECURITY NO. <u>-</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert E. Hogan Sr. Flemington Mo.</u> | |

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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chenobarbital Poisoning</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>E8710 14</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Polk Mo.</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-9-53 2:00 AM</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Took overdose of Chenobarbital</u> |

22. I hereby certify that I attended the deceased from 3-9-53, to 3-10-53, that I last saw the deceased alive on 3-10-53, and that death occurred at 7:05A m., from the causes and on the date stated above.

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|---|--------------------------------------|---|
| 23a. SIGNATURE (Degree or title) <u>J. H. Robinson</u> | 23b. ADDRESS <u>Humansville, Mo.</u> | 23c. DATE SIGNED <u>3/10/53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3-12-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Flemington Cemetery</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>Flemington, Missouri</u> |

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| DATE REC'D BY LOCAL REG. <u>Mar. 12, 1953</u> | REGISTRAR'S SIGNATURE <u>Ralph Sorden per Jewell Sorden</u> <u>258-0</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beckwith Funeral Home, Humansville</u> |
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville 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.