

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19199**
Registrar's No. **4984**

FILED JUN 1 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp.		d. STREET ADDRESS 19 3835 Lindell		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Edward c. (Last) Bogan		4. DATE OF DEATH (Month) (Day) (Year) May 17 '53			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 8, 1880	9. AGE (In years last birthday) 73	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) Store Keeper Retired		10b. KIND OF BUSINESS OR INDUSTRY (Traveling)		11. BIRTHPLACE (City and State or Foreign Country) Ohio 1	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Bogan		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Nellie M Bogan (deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 702-16-0019	
17. INFORMANT'S SIGNATURE OR NAME Jesse E Bogan Jr.		ADDRESS 3511 Reed		CITY Cheyenne Wyo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5/7/53	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Carcinomatous gen'l. mucinous adenocarcinoma of pancreas 1952		DUE TO (c) Carcinoma of prostate 1948	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION July '52		19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF HEAD OF PANCREAS		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 177X	

22. I hereby certify that I attended the deceased from **May 8, 1953**, to **May 17, 1953**, that I last saw the deceased alive on **May 16, 1953**, and that death occurred at **11 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Edward Bogan MD		(Degree or title)		23b. ADDRESS Miss. Pac. Hospital	
23c. DATE SIGNED 5/17/53		24a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		24b. DATE 18 MAY 53	
24c. NAME OF CEMETERY OR CREMATORY OLIVET CEM		24d. LOCATION (City, town, or county) CHEYENNE		(State) Wyo.	
DATE REC'D BY LOCAL REG. MAY 18 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE John J. Hall Co	
		ADDRESS 384 Lindell			

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.