

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38572**

FILED DEC 8 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **100**

1. PLACE OF DEATH a. COUNTY <b>CHINTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chinton</b>	
b. CITY OR TOWN <b>Cameron</b>		c. CITY OR TOWN <b>Cameron</b>	
c. LENGTH OF STAY (in this place) <b>3 MT.</b>		d. STREET ADDRESS (If rural, give location) <b>407 west 3<sup>rd</sup> st.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>407 west 3<sup>rd</sup> st.</b>			

3. NAME OF DECEASED (Type or Print) <b>James Ward Hogan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV 24 53</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>M</b>	6. COLOR OR RACE <b>w</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>March 14 - 1879</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Michael Hogan</b>	13b. MOTHER'S MAIDEN NAME <b>Johanna Ward</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Hogan</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO.</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Margaret Hogan Cameron Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Natural degeneration</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. <b>410x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 16 1953** to **Nov 16 1953** that I last saw the deceased alive on **Nov 16 1953** and that death occurred at **3:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. O. Guilian</b>	23b. ADDRESS <b>1115 S. Cameron Mo 65006</b>	23c. DATE SIGNED <b>Nov 16 1953</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11-27-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cameron Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11-30-53</b>	REGISTRAR'S SIGNATURE <b>Winifred W. Moser</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Robert Poland Funeral Home Cameron Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side) **Robert Poland**

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

25-1

SEP 24 1954

OCT 23 1958

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 Robert F. Poland

Licensed Embalmer No. 4777

222 West 3rd St  
P. O. Address Camden, Missouri

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.