

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12683

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>129</u>	
1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Tazewell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal Missouri</u>		c. LENGTH OF STAY (in this place) <u>2 y. 5.</u>		c. CITY OR TOWN <u>BARRY</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2216 Grace St.</u>				e. STREET ADDRESS (If rural give location) <u>8120 8</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Elizabeth</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Bogart</u>	
4. DATE OF DEATH		(Month) <u>Apr</u>		(Day) <u>29</u>		(Year) <u>1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 17, 1864</u>	
9. AGE (In years last birthday) <u>79</u>		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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>BARRY Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>William Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Welborn</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Bogart Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie M. Higdon</u> ADDRESS <u>2216 Grace Hannibal Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myo-carditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4222		20. AUTOPSY? YES <input 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) (Min.)		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 <u>June, 1952</u> , to <u>Apr 25, 1954</u> , that I last saw the deceased alive on <u>Apr 25, 1954</u> , and that death occurred at <u>10:30 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. C. Fisher</u>				23b. ADDRESS <u>244 Liberty St.</u>		23c. DATE SIGNED <u>May 1/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 1, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARK LAWN</u>		24d. LOCATION (City, town, or county) (State) <u>BARRY Illinois</u>	
DATE REC'D BY LOCAL REG. <u>5/3/54</u>		REGISTRAR'S SIGNATURE <u>W. C. Fisher Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. J. Cook</u>		ADDRESS <u>BARRY Ill.</u>	

RECEIVED MAY 5 1954
MARION CO. HEALTH DEPT.
DATE FILED MAY 5 1954

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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