

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19891

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>246</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>			c. LENGTH OF STAY (in this place) <u>38 yr</u>	c. CITY OR TOWN <u>Sedalia</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Bothwell Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1404 South Barrett</u>				<u>080Y</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HOGAN</u>			b. (Middle) <u>H.</u>		c. (Last) <u>WARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 1, 1891</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 4 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>McDavid, Fla.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>William S. Ward</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Francis Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Hogan</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hogan H. Ward</u>				ADDRESS <u>Sedalia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Myocarditis, Chronic</u> <u>Asthma, Chronic</u> <u>Bronchiectasis, Chronic</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION <u>X</u>	19b. MAJOR FINDINGS OF OPERATION <u>X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>526 X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>X</u>		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>July 2, 1954</u> to <u>July 3, 1954</u> , that I last saw the deceased alive on <u>July 3, 1954</u> , and that death occurred at <u>12:01 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Robert Kummer M.D.</u>				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>7/6/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 6, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>7-10-54</u>		REGISTRAR'S SIGNATURE <u>Harold Boontz Deputy</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Keckart</u>				ADDRESS <u>Sedalia, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

GILLESPIE FUNERAL HOME

JUL 14

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.....  
*D. W. Beckert*

Licensed Embalmer No. 347

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.