

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8966**
Registrar's No. **119**

FILED APR '11 1955

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 119		
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway				
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. LENGTH OF STAY (in this place) 3 mo.		c. CITY (If outside corporate limits, write RURAL and give township) Maryville		d. STREET ADDRESS (If rural, give location) 128 South Main		
d. FULL NAME OF HOSPITAL OR INSTITUTION 128 South Main				d. STREET ADDRESS (If rural, give location) 128 South Main				
3. NAME OF DECEASED (Type or Print) a. (First) RALPH		b. (Middle) WARD		c. (Last) BROGAN		4. DATE OF DEATH (Month) (Day) (Year) 4 5 55		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 8/7/96		
9. AGE (in years last birthday) 58		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) Chief of Police			10b. KIND OF BUSINESS OR INDUSTRY City of Maryville			11. BIRTHPLACE (State or foreign country) Wilcox, Missouri		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME John W. Brogan		13b. MOTHER'S MAIDEN NAME Laura Crawford		14. NAME OF HUSBAND OR WIFE Gladys Brogan, dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 490-07-6617		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Mendenhall ADDRESS Burlington Jct.				
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* (a) Acute Myocardial Infarction ANTECEDENT CAUSES Coronary Sclerosis Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH 10" 1 yr		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 3/5 , 19 55 , to Apr. 5 , 19 55 , that I last saw the deceased alive on 3/24 , 19 55 , and that death occurred at 7:30A.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) M. D.				23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 4/6/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/8/55		24c. NAME OF CEMETERY OR CREMATORY Wilcox		24d. LOCATION (City, town, or county) (State) Wilcox, Missouri		
DATE REC'D BY LOCAL REG. 4-9-55		REGISTRAR'S SIGNATURE Bess Holt		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home ADDRESS Maryville, Mo.				

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

JUN 2 1955

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 Curtis C. Kinley.....

Licensed Embalmer No. 4936.....

P. O. Address Marzville, 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.