No. 300
10-48

FILED MAY 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15171

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 414

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1916 Hancock Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN: Springfield
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1916 Hancock Avenue

0340

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): HENRY
c. (Last): HOGAN

4. DATE OF DEATH (Month) (Day) (Year): May 8, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 15 August 1876
9. AGE (In years last birthday): 79 — 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): Ret. Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Frisco, R.R.
11. BIRTHPLACE (City and State or Foreign Country): Steelville, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Hogan
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Lillie Hogan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: ----
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Lillie Hogan, 1916 Hancock Avenue, Springfield, Missouri.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutritiom, severe — INTERVAL BETWEEN ONSET AND DEATH: approx. 1 year

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Car cinoma, stomach — approx 2 yrs.
DUE TO (c) ~~at least~~

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertension, moderately severe 4yrs; totally deaf ~~at least 4 yrs~~

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: XXXXXX
151 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1951, 19__, *to* 8 May, 19 55, *that I last saw the deceased alive on* April, 1955, *and that death occurred at* 1 AM 8 May, 55 *from the causes and on the date stated above.*

23a. SIGNATURE: Harris E. Knabb, MD (Degree or title) MA
23b. ADDRESS: 1630 N. Jefferson, Springfield, Mo.
23c. DATE SIGNED: 9 May 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11 May 1955
24c. NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
24d. LOCATION (City, town, or county) (State): Salem, Missouri

DATE REC'D BY LOCAL REG.: 5-10-55
REGISTRAR'S SIGNATURE: Burt Williamson
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Fred C. Thieme, Springfield, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph H. Thorne

Licensed Embalmer No. 2899

P. O. Address Springfield, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.