

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19072**
Registrar's No. **226**

FILED JUN 27 1955

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Independence	c. LENGTH OF STAY (In this place) 3 yrs	c. CITY OR TOWN Independence	d. Is 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 Independence Sanitarium & Hospital, Independence, Missouri		e. STREET ADDRESS (If rural, give location) 1101 East Frederick MO 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Pollard	c. (Last) Hogue	4. DATE OF DEATH (Month) (Day) (Year) June 17 1955
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5. SEX Male	6. COLOR OR RACE Cauc	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH March 12, 1879	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman	10b. KIND OF BUSINESS OR INDUSTRY clothing store	11. BIRTHPLACE (City and State or Foreign Country) Henry County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Henry Hogue	13b. MOTHER'S MAIDEN NAME Rhoda Ann Coal	14. NAME OF HUSBAND OR WIFE Ethel May Hogue
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 445-01-0738	17. INFORMANT'S SIGNATURE OR NAME Maynard Courter	ADDRESS 803 So Waden Independence, MO
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		8 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive and arteriosclerotic Cardiovascular disease		years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **6/9**, 19**55**, to **6/17**, 19**55**, that I last saw the deceased alive on **6/17**, 19**55**, and that death occurred at **8:20** m., from the causes and on the date stated above.

23a. SIGNATURE Vance E. Lusk, M.D. (Degree or title)	23b. ADDRESS 129 W. Lexington St Independence, Mo	23c. DATE SIGNED 6/17/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE June 19 1955	24c. NAME OF CEMETERY OR CREMATORY GOOD HOPE CEM.	24d. LOCATION (City, town, or county) (State) CLINTON, MO.
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DATE REC'D BY LOCAL REG. 6-19-55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Clinton, Mo
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JUN 28 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
Signature of Student Embalmer

Signed, *H. A. Vansant*

Licensed Embalmer No. *372*

P. O. Address *Cleisto*

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.