

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1955

State File No. 34268

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 301

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Sedalia</i>		c. CITY OR TOWN <i>Sedalia</i>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <i>1 Month</i>		e. STREET ADDRESS (If rural, give location) <i>119 N. Broadway</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sedalia Hosp #2</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Gracie</i>	b. (Middle) <i>Leota</i>	c. (Last) <i>Hogan</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 10, 1955</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Jan. 30, 1874</i>	9. AGE (In years last birthday) <i>81 yrs</i>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 MIN. Hours	13. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Otterville, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Richard Finley</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Gus Hogan - (Deceased)</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <i>No</i>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Walker Hogan - Sedalia, Mo.</i>	ADDRESS _____
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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, asthma, 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) <i>Peroral apoplexy</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Myocarditis</i> DUE TO (c) <i>Arterio Sclerosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senile Dementia</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <i>4221</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from *Sept 23, 1955*, to *11-10-*, 19*55*, that I last saw the deceased alive on *11-10-*, 19*55*, and that death occurred at *5:25* p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>A.R. Maddox, M.D.</i>	23b. ADDRESS <i>Sedalia Mo</i>	23c. DATE SIGNED <i>11-11-55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Nov. 12, 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Crown Hill Annex Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Sedalia Mo.</i>
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DATE REC'D BY LOCAL REG. <i>11-12-55</i>	REGISTRAR'S SIGNATURE <i>Anna Coates, Deputy</i>	25. JUDICIAL DIRECTOR'S SIGNATURE <i>Wm. Howard</i>	ADDRESS <i>400 W. Coates</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 23 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.....  
*J. Price*

Licensed Embalmer No. 42

P. O. Address *St. Louis*

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.