

FILED NOV 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36129**
 BIRTH NO. _____ REG. DIST. **43** PRIMARY REG. DIST. NO. **5143** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Dunn Hotel, So. Main St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Goodwill Rest Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Lena	b. (Middle)	c. (Last) Hogan	4. DATE OF DEATH (Month) (Day) (Year) Oct. 28, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 11, 1873	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundress	10b. KIND OF BUSINESS OR INDUSTRY Dunn Hotel	11. BIRTHPLACE (City and State or Foreign Country) Wickliffe, Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Garland Hogan, Dec'd.
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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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie I. Dunn, Poplar Bluff, Mo.	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congestive heart failure		
	ANTECEDENT CAUSES due to Arterio-sclerotic Heart Disease		
	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. gangrene of foot		4 200

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)
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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 **1953**, to **9-26**, 19**55**, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:00P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John R. Longford, M.D.	23b. ADDRESS Lucy Leckie Poplar Bluff, Mo	23c. DATE SIGNED 11-1-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-30-55	24c. NAME OF CEMETERY OR CREMATORY Wickliffe Cem.	24d. LOCATION (City, town, or county) (State) Wickliffe, Kentucky
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DATE REC'D BY LOCAL REG. 11/16/55	REGISTRAR'S SIGNATURE Frank Cotrell	25. FUNERAL DIRECTOR'S SIGNATURE Frank Cotrell	ADDRESS Poplar Bluff, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 21 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

REC'D
OFFICE

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.