

FILED DEC 6 1955.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36879**  
**4925**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>26 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>311 Brush Creek</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

3. NAME OF DECEASED a. (First) <b>ETTA</b> b. (Middle) <b>Laura L.</b> c. (Last) <b>HOGUELAND</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 12 1955</b>		
------------------------------------------------------------------------------------------------------	--	--	--------------------------------------------------------------	--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan 6 1877</b>	9. AGE (In years last birthday) <b>78</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
----------------------	-------------------------------	-------------------------------------------------------------------------	------------------------------------	-------------------------------------------	-------------------------------------------------------------------------------------------------------------	----------------------------------------------	----------------------------------------------

13a. FATHER'S NAME <b>Charles Paulke</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ann White</b>	14. NAME OF HUSBAND OR WIFE <b>Ernest H. HogueLand (dec)</b>
------------------------------------------	-------------------------------------------------	--------------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edwin C. HogueLand</b>	ADDRESS <b>600 West 67th St. KCM</b>
-----------------------------------------------------------------------------	-------------------------------------	-------------------------------------------------------------	--------------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CONGESTIVE HEART FAILURE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>
	ANTECEDENT CAUSES DUE TO (b) <b>CORONARY ATHEROSCLEROSIS</b>		
	DUE TO (c) <b>GENERALIZED ATHEROSCLEROSIS</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Colloid Goitre</b>		<b>420'</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (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 **Sept**, 19**54**, to **Nov 12**, 19**55**, that I last saw the deceased alive on **Nov 12**, 19**55**, and that death occurred at **10:02 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>P. R. Byers</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>4635 Wyandotte, R.C. Mo</b>	23c. DATE SIGNED <b>11/13/55</b>
-----------------------------------------------------------------	---------------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 15, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
---------------------------------------------------------	--------------------------------	------------------------------------------------------	---------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>11-14-55</b>	REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stine &amp; McClure</b>	ADDRESS <b>Kansas City, Mo.</b>
------------------------------------------	--------------------------------------------	-------------------------------------------------------------	---------------------------------

(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 embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Gerald A. Burger

Licensed Embalmer No. 04763

P. O. Address K. C. 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.