

FILED FEB 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4287  
Registrar's No. 5

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dunklin</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>207 W. Park</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 W. Park St.</u>                             |  | d. STREET ADDRESS (If rural, give location) <u>Malden, Missouri</u>   |  |

|  |  |                                   |   |   |  |
|--|--|-----------------------------------|---|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>MATTIE</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>HOGUE</u> |  |                                   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 13 1956</u> |   |  |
| 5. SEX <u>female</u>   |  | 6. COLOR OR RACE <u>white</u>     |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>       |  | 10b. KIND OF BUSINESS OR INDUSTRY |   | 8. DATE OF BIRTH <u>Sept. 20, 1887</u>                                |  |
|  |  |                                   |   | 9. AGE (In years last birthday) <u>68</u>                             |  |
|  |  |                                   |   | 11. BIRTHPLACE (State or foreign country) <u>Kennett, Mo</u>          |  |
|  |  |                                   |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>                             |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>James Cassels</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Laura Johnson</u> |  | 14. NAME OF HUSBAND OR WIFE               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO.                        |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS |  |

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Immediate</u><br><br><u>10 years</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary occlusion</u> |  |   |
|   | DUE TO (c) <u>Coronary Artery Disease</u>   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION                             |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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 7-21, 1953, to 1-11, 1956, that I last saw the deceased alive on 1-11, 1956, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |  |                                      |  |   |  |
|---|--|--------------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u>     |  | 23b. ADDRESS <u>Malden, Missouri</u> |  | 23c. DATE SIGNED <u>2-15-56</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>Feb. 16, 1956</u>       |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>                     |  |
|   |  |                                      |  | 24d. LOCATION (City, town, or county) (State) <u>Clarkton, Missouri</u> |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>2-15-56</u> |  | REGISTRAR'S SIGNATURE <u>J. J. Schaeffer</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Day Funeral Home Malden, Mo</u> |  |
|---|--|--|--|---|--|

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-21-56

COUNTY FILE NUMBER 256-

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

*J. J. Schuman*

Licensed Embalmer No. 4086

P. O. Address *Sweden*

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.