

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

8746

STATE FILE NUMBER

FILED APR 16 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 331

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Coffeyville</u> ^{§158}	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1030 W. Elm Street</u>		d. STREET ADDRESS <u>1121 W. 14th Street</u>	
Length of stay in 1b <u>5 months</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>MARK</u> Middle <u>----</u> Last <u>HOGAN</u>			4. DATE OF DEATH Month <u>April</u> Day <u>6</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>19 Oct. 1873</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Meatpacking Co.</u>		11. BIRTHPLACE (City and state or country) <u>Tennessee</u>	
13. FATHER'S NAME <u>Lacy Hogan</u>			14. MOTHER'S MAIDEN NAME <u>Kitty Ann Garden</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>----</u>		17. INFORMANT <u>L.P. Stutsman</u> , ^{Address} <u>1030 W. Elm Street, Springfield, Missouri.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probable Coronary Occlusion</u> <u>(Found prescription patient had been taking that was prescribed by a Dr. Dickinson, Coffeyville, Ka. and labeled "for Heart".</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
DUE TO (b) <u> </u>		
DUE TO (c) <u> </u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL ILLNESS CONDITION GIVEN IN PART I (a) <u> </u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u> </u>		
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u> </u>		COUNTY <u> </u> STATE <u> </u>	

21. I attended the deceased from Death occurred at 10:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22. SIGNATURE Lois Williams (Degree or title) Local Registrar 22b. ADDRESS Greene County Court Hs 22c. DATE SIGNED 4/6/56
Springfield, Missouri
of Vital Statistics

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6 April 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Coffeyville, Kansas.</u>
24. FUNERAL DIRECTOR <u>Fred C. Thrane</u> , <u>Springfield, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>4/6/56</u>	26. REGISTRAR'S SIGNATURE <u>Lois Williams</u>

UNATTENDED BY A PHYSICIAN
 4201

8361 6 T 1077

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 *Lee Mason*.....

Licensed Embalmer No. *456*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.