

FILED APR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13026

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>62</u>		
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1956</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>116 Kavanaugh</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mark</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Hogan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1956</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 11 1919</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Automobile dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile Dealer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bentonville, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>George Hogan</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Cloe</u>		14. NAME OF HUSBAND OR WIFE <u>Charlene Hogan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World war 2</u>		16. SOCIAL SECURITY NO. <u>500-07-9053</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charlene Hogan Trenton</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? 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) <u>4201</u>		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 _____						
22. I hereby certify that I attended the deceased from <u>April 8</u> , 19 <u>56</u> , to <u>April 10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>April 9, 1956</u> , and that death occurred at <u>4:0</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Chas. W. Gipson</u>				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>April 11, 1956</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 12, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-12-56</u>		REGISTRAR'S SIGNATURE <u>Duane Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas. W. Gipson Trenton, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1958

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 Earl M. Keeny

Licensed Embalmer No. 3517

P. O. Address Trenton 770

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.