

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13029

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>Bethany</u>	c. LENGTH OF STAY (In this place) <u>5 hours</u>	c. CITY OR TOWN <u>Rural Bethany Twp.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Noll Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALVA</u>	b. (Middle) <u>GARLAND</u>	c. (Last) <u>HOGAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify)	8. DATE OF BIRTH <u>May 24, 1899</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm tenant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Henry Hogan</u>	13b. MOTHER'S MAIDEN NAME <u>Alice King</u>	14. NAME OF HUSBAND OR WIFE <u>Leola Hogan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>495-09-6288</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leola Hogan</u> ADDRESS <u>Bethany, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SHOT GUN WOUNDS OF THE HEAD</u>	DUE TO (b) _____		
ANTECEDENT CAUSES	DUE TO (c) _____		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		

19a. DATE OF OPERATION <u>4-12-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>SHATTERED LEFT MANDIBLE &amp; LEFT TEMPORAL BONE.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BETHANY TOWNSHIP, HARRISON, MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>APRIL 12 1956 4:30 pm.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>UNCERTAIN</u>
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22. I hereby certify that I attended the deceased from April 12, 1956 to April 12, 1956, that I last saw the deceased alive on April 12, 1956, and that death occurred at 8:52 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Albert D. Dubbe M.D.</u>	23b. ADDRESS <u>Bethany, Missouri</u>	23c. DATE SIGNED <u>4-14-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/15/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrison County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-21-56</u>	REGISTRAR'S SIGNATURE <u>Zola M. Burris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark L. Foutch</u> ADDRESS <u>Bethany, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

60

FEB 12 1964

MAY 1 1963

MAY 1 1963

MAY 1 1963

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 *Clark L. Foutch*.....

Licensed Embalmer No. *4831*

P. O. Address *Bethany*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If (this body is not embalmed, fact should be so stated above.