

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26939**
3295

FILED AUG 27 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY

c. LENGTH OF STAY (In this place) 66 YEARS

c. CITY OR TOWN KANSAS CITY

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL

e. STREET ADDRESS (If rural, give location) 1541 CHELSEA

3. NAME OF DECEASED
a. (First) HERBERT b. (Middle) HILTON c. (Last) HOGAN

4. DATE OF DEATH (Month) (Day) (Year) July 26, 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH February 3, 1877 9. AGE (In years last birthday) 79

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SUTCH FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY BURLINGTON R.R.

11. BIRTHPLACE (City and State or Foreign Country) Higginville, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jerry Hogan 13b. MOTHER'S MAIDEN NAME Katherine Shafer 14. NAME OF HUSBAND OR WIFE MRS. GUSSIE HOGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes SAW

16. SOCIAL SECURITY NO. 707 07 6845

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Official Records, K. C. Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH 2 weeks

ANTECEDENT CAUSES
DUE TO (b) Bronchogenic carcinoma LUL 5 months

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1627

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from April 17, 1956, to July 26, 1956, and that death occurred at 3:00 Pm., from the causes and on the date stated above.

23. SIGNATURE J. A. TURNER, M.D. (Degree or title) 23b. ADDRESS VA Hospital, Kansas City, Mo. 23c. DATE SIGNED 7/27/56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JULY 28 1956 24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM. 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 7-30-56 REGISTRAR'S SIGNATURE Neva Minshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dr. Newsome's Sons 1331 BASHN CREEK KANSAS CITY MO.

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

27

5:19A

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 *Chester K Brown*

Licensed Embalmer No. *49*

P. O. Address *KEW*

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.