

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

30092

FILED OCT 3 1956

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4105 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peculiar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural W. Peculiar</u>	
c. LENGTH OF STAY (In this place) <u>Instant</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 Miles SW of Peculiar</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>US Highway # 71</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Noama</u>	b. (Middle) <u>Geneva</u>	c. (Last) <u>Hogan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 12, 1924</u>	9. AGE (In years last birthday) <u>32</u>	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>//////////</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi Co. Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry McEntire</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Thomas</u>	14. NAME OF HUSBAND OR WIFE <u>J. W. Hogan Rt. 1 Peculiar, Mo</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>no file</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. W. Hogan Rt. 1 Peculiar, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Trauma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>skull fracture</u> DUE TO (c) <u>car accident</u>		
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Henry</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>0/1</u> (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 22 56 9:22 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto accident</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:22 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest Jander (Crown)</u> (Degree or title)	23b. ADDRESS <u>Blount Hill, Mo</u>	23c. DATE SIGNED <u>9/22/56</u>
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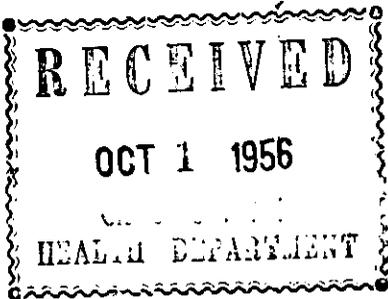
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept 27 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maryville, Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Eldorado, Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>Sept 25, 1956</u>	REGISTRAR'S SIGNATURE <u>Worras Barland</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnson Bros. Hainsworth, Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

457



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 Robert W. Peterson.....

Licensed Embalmer No. 4902.....

P. O. Address Hansonville, Mo......

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.