

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40913**

BIRTH NO. _____ REG. DIST. NO. **78** PRIMARY REG. DIST. NO. **5291** Registrar's No. **115**

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Clay | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty | | c. CITY OR TOWN Liberty | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 4 yrs. | | e. STREET ADDRESS (If rural, give location) 117 n. Water 6-00/0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION G.O.O.F. Hospital | | | |

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|--|---------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Lucy b. (Middle) BOGESS c. (Last) BOGESS | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 17-56 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed | 8. DATE OF BIRTH Aug 15-1871 | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY ✓ | 11. BIRTHPLACE (City and State or Foreign Country) Trumble Co. Ky | | 12. CITIZEN OF WHAT COUNTRY? USA |

| | | | | | |
|---|--|--------------------------------------|--|---|--|
| 13a. FATHER'S NAME Jasper T. Wright | | 13b. MOTHER'S MAIDEN NAME unk | | 14. NAME OF HUSBAND OR WIFE Sterling P. Bogess | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT'S SIGNATURE OR NAME Colleen Bogess Liberty Mo. | |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia & electrolyte imbalance | | 10 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic cardiovascular renal disease DUE TO (c) _____ | | 10 yrs. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 1) Fracture, neck of rb. femur. - 6 mos. 2) Adeno-carcinoma, left lung 1 year | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 442XH | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

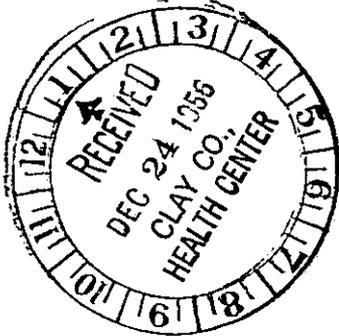
| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from **10/49** to **Dec 17, 1956**, that I last saw the deceased alive on **Dec 17, 1956** and that death occurred at **8/25 p.m.**, from the causes and on the date stated above.

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|---|--|--|--|
| 23a. SIGNATURE (Degree or title) L. O. Schroeder, M.D. | | 23b. ADDRESS Liberty, Mo. | 23c. DATE SIGNED 12/18/56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec. 19-56 | 24c. NAME OF CEMETERY OR CREMATORY Jarvis | 24d. LOCATION (City, town, or county) (State) Liberty Mo. |
| DATE REC'D BY LOCAL REG. 12-21-56 | REGISTRAR'S SIGNATURE Nobel Strahan | 25. FUNERAL DIRECTOR'S SIGNATURE Church-Acheson Co. Liberty Mo. | |

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

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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 *John L. ...*.....
Licensed Embalmer No. 4448

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