

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

103

State File No.

FILED FEB 14 1957

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (in this place) 14 days	c. CITY OR TOWN Mexico
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 1033 West Mansfield	
3. NAME OF DECEASED (Type or Print) a. (First) Dora		b. (Middle) _____ c. (Last) Hogan	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1957		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Jan. 4, 1876		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) widow at home		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) Audrain County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Marcus Wills		13b. MOTHER'S MAIDEN NAME Martha Raleigh	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none	
16. SOCIAL SECURITY NO. 486-12-1312D		17. INFORMANT'S SIGNATURE OR NAME Mrs. Paul Day ADDRESS Mexico, Missouri	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES DUE TO (b) Pneumonia Emaciation, malnutrition DUE TO (c) Pericardial Anemia 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min.)		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>1-21</u> , 19 <u>57</u> , to <u>2-5</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>2-4</u> , 19 <u>57</u> , and that death occurred at <u>8:40 A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Caroline K. Caple M.D.		23b. ADDRESS Mexico Mo	
23c. DATE SIGNED 2-5-57		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2-7-1957		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	
24d. LOCATION (City, town, or county) (State) Mexico, Missouri		DATE REC'D BY LOCAL REG. Feb 5 1957	
REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE Arnold Funeral Home ADDRESS Mexico, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 *H. P. Wright*

Licensed Embalmer No. *4655*

P. O. Address *Mexico, 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.