

THE DIVISION OF HEALTH OF MISSOURI 6/12-58
 STANDARD CERTIFICATE OF DEATH 1003
58-015936
State File No.4491
Registrar's No.

FILED MAY 1 1958

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

I. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town)
St. Louis, Missouric. LENGTH OF STAY (In this place)
5 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri

b. COUNTY Wayne

c. CITY OR TOWN Piedmont

d. Is Residence within limits of a city (incorporated town)?
Yes No d. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

24 St. Louis Children's

e. STREET ADDRESS (If rural, give location)
31

3. NAME OF DECEASED (Type or Print)

a. (First)

Randy Lee Hogan

b. (Middle)

c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)

4-23-58

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED-NEVER MARRIED, WIDOWED-DIVORCED (Specify)
U

8. DATE OF BIRTH

2-26-58

9. AGE (In years last birthday)

IF UNDER 1 YEAR Months 28

IF UNDER 24 HRS. Hours Min.

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

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and State or Foreign Country)

Poplar Bluff, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Harold E. Hogan

13b. MOTHER'S MAIDEN NAME

Loretta Pierce

14. NAME OF HUSBAND OR WIFE

None

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

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME

June Mansfield 500 S. Kingshighway

ADDRESS

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

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

MEDICAL CERTIFICATION

Malignant hemangioma

INTERVAL BETWEEN ONSET AND DEATH
present at birth

ANTECEDENT CAUSES

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

DUE TO (b)

197.9

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 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 4-18 58, to 4-23-58, 19 58, that I last saw the deceased alive on 4-23-58, 19 58, and that death occurred at 6:50p/m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Helda J. Volkmann, M.D.

23b. ADDRESS

500 S. Kingshighway

23c. DATE SIGNED

4-23-58

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

4-24-58

24c. NAME OF CEMETERY OR CREMATORY

Local

24d. LOCATION (City, town, or county) (State)

Piedmont Mo

DATE REC'D BY LOCAL REG.

APR 25 '58

REGISTRAR'S SIGNATURE

Carl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

Albert H. Hoppe 4700 Washington

ADDRESS

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 *Stanley H. Nixon*.....

Licensed Embalmer No. *419*.....

P. O. Address *St. P.*.....

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.