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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037298
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 215

1. PLACE OF DEATH a. COUNTY Pemiscot	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Portageville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) County Hospital — Length of stay in lb 4 Days	d. STREET ADDRESS (If outside, give location) 072 / 0 Gen. Del. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First William	Middle Frank	Last Hogan	4. DATE OF DEATH Month Oct. Day 23, Year 1958
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]	8. DATE OF BIRTH 4-19-1890	9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Union City, Tenn. /	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	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) X	16. SOCIAL SECURITY NO. X	17. INFORMANT Lois Crossno	Address Portageville, Mo.	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Renal Insufficiency	Unknown
DUE TO (c)	Chronic Hypertensive Cardio Vascular Disease	Unknown.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443.X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 18 October 58, to 23 Oct 58 and last saw him alive on 22 Oct 58
Death occurred at 5:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Andrew E. Painter M.D. 0	22b. ADDRESS Portageville, Mo.	22c. DATE SIGNED 4-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-25-58	23c. NAME OF CEMETERY OR CREMATORY Little Prairie	23d. LOCATION (City, town, or county) (State) Caruthersville, Mo.
24. FUNERAL DIRECTOR ADDRESS Osburn Funeral Home, Wardell, Mo.	25. DATE RECD. BY LOCAL REG. 16-24-58	26. REGISTRAR'S SIGNATURE John W Germann	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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OCT 30 1958
CARUTHERSVILLE, MO.

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 James A. Coburn

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.