

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040001
STATE FILE NUMBER

FILED NOV 19 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5199

300
1-57

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp. | | Length of stay in lb 55 yrs. | d. STREET ADDRESS (If outside, give location) 400 E. Meyer Blvd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Bertha Middle L. Last Hogan | | | 4. DATE OF DEATH Month November Day 3 Year 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 29, 1888 | 9. AGE (In years last birthday) 70 | FUNDED YEAR Months Days Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Kansas City, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John B. Betterman | 13b. MOTHER'S MAIDEN NAME Elizabeth Hucke | 14. NAME OF HUSBAND OR WIFE Malachi E. Hogan |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT Malachi E. Hogan, 400 E. Meyer Blvd. | Address K. C. Mo |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Ovary | | INTERVAL BETWEEN ONSET AND DEATH 6 mo. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ | | |
| DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ | |
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| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Kansas City | COUNTY Mo. | STATE |
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| 21. I attended the deceased from Apr 29 '58 to Nov 3 1958 and last saw her alive on Nov 3, 1958 Death occurred at 6:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE M. G. Berry M.D. (Degree or title) | 22b. ADDRESS 315 Nichols St Kansas City | 22c. DATE SIGNED Nov 3 1958 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-5-58 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. | 23d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo. |
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| 24. FUNERAL DIRECTOR Melody-McGilley-Eylar, ADDRESS 20 W. Linwood K. C. Mo. | 25. DATE RECD. BY LOCAL REG. 11-3-58 | 26. REGISTRAR'S SIGNATURE neva minshall |
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M. G. Berry
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 All diseases in Part I must be causally related.

Dr. Maxwell R.
Bliss M.D. Bu
Va. 1-3243



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 *Wm. H. Gentry*

Licensed Embalmer No. *5038*
P. O. Address *K. C. 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.