

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040002  
State File No. ....

FILED DEC 11 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5543

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>KANSAS CITY</b> ) c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>KANSAS CITY TUBERCULOSIS HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>1513 PENN</b>	
3. NAME OF DECEASED a. (First) <b>CHARLES</b> b. (Middle) <b>BURTON</b> c. (Last) <b>HOGAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-21-1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JAN. 9-1904</b>
9. AGE (In years last birthday) <b>54</b>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Pharmacologist</b>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Pharmacologist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DRUGS</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>JOPLIN-MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>BERT HOGAN</b>		13b. MOTHER'S MAIDEN NAME <b>Cora</b>	
14. NAME OF HUSBAND OR WIFE <b>BAKER Ellen Edith Hogan</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY <b>483-03-1998</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Charles B. Hogan, Jr.</b> ADDRESS <b>10117 Bellan</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY TUBERCULOSIS</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 <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)		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 <b>Nov. 10, 1958</b> , to <b>Nov. 21, 1958</b> , that I last saw the deceased alive on <b>Nov. 21, 1958</b> , and that death occurred at <b>6:55 P. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Edward P. Thomas M.D.</b> (Degree or title)		23b. ADDRESS <b>2610 E. 63rd St.</b>	
23c. DATE SIGNED <b>11/21/58</b>		24a. BURIAL-CREMA-TION REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>11/25/58</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FOREST Hill CEMETERY; K.C. Mo</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; MS CHURE; K.C. Mo.</b> ADDRESS	
DATE REC'D BY LOCAL REG. <b>11-24-58</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>	

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..... *Roger James*

Licensed Embalmer No. 504

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.