

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000879
State File No.

FILED JAN 23 1959

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>111</u> | | PRIMARY REG. DIST. NO. <u>4183</u> | | Registrar's No. <u>2</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Pacific</u> | | c. LENGTH OF STAY (in this place) <u>0560</u> | | c. CITY OR TOWN <u>Pacific</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Home</u> | | | | e. STREET ADDRESS (If not, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Arline</u> | | b. (Middle) <u>Alice</u> | | c. (Last) <u>Hogan</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) | | <u>Jan</u> | | <u>16</u> | | <u>1959</u> | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>wh</u> | | 7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) | | 8. DATE OF BIRTH <u>Dec 8 1926</u> | |
| 9. AGE (In years last birthday) | | <u>32</u> | | IF UNDER 1 YEAR Months Days Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |
| 13a. FATHER'S NAME <u>Geo. Weber</u> | | 13b. MOTHER'S MAIDEN NAME <u>Alice Walters</u> | | 14. NAME OF HUSBAND OR WIFE <u>David Hogan</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>David Hogan</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | 18. MEDICAL CERTIFICATION | | | | 18. INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SPONTANEOUS SUBARACHNOIDAL</u> | | ANTECEDENT CAUSES <u>hemorrhage due to SACULAR. 1/2 to</u> | | | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) <u>cerebral aneurysm ruptured</u> | | | | | |
| | | DUE TO (c) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>of cerebral aneurysm - of eye</u> | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>Operation for cerebral aneurysm 330x</u> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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>Feb 1</u> , 19 <u>58</u> , to <u>Jan 16</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>Jan 16</u> , 19 <u>59</u> , and that death occurred at <u>6:30</u> p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> | | | | 23b. ADDRESS <u>Pacific Mo</u> | | 23c. DATE SIGNED <u>1-18-59</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Jan 1959</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Bridget's Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Pacific Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan 18-59</u> | | REGISTRAR'S SIGNATURE <u>Mary B. Grace</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. John L. Sheehy</u> | | ADDRESS <u>Pacific Mo</u> | |

APR 7 1959

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... *Ernest L. Altman*

Licensed Embalmer No... *4054*

P. O. Address... *Union, 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.