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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013347

STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1814

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Plaza N. H. — Length of stay in Ib 54 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2205 E. 69th — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First WILLIAM Middle HERBERT Last HOGAN
4. DATE OF DEATH Month 4 Day 8 Year 1959
5. SEX M
6. COLOR OR RACE W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH 7 18 1874
9. AGE (In years at last birthday) 84 — 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) Ret. Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (City and state or country) Galesburg, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A
13a. FATHER'S NAME Nelson Habert Hogan
13b. MOTHER'S MAIDEN NAME Alice Thompson
14. NAME OF HUSBAND OR WIFE Lulu A. Hogan
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. 495 10 3774
17. INFORMANT Mrs. Rex. Lilly Address 2205 E. 69th. K.C

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) H. C. V. D. — INTERVAL BETWEEN ONSET AND DEATH 4 YRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) FREQUENT MYOCARDIAL — 4 DS
DUE TO (c) INFARCTIONS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4261
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 6-5-49, to 4-8-59 and last saw her/him alive on 3-17-59
Death occurred at 2 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P. C. Quistgard (Degree or title) M.D.
22b. ADDRESS 6944 Prospect K.C.
22c. DATE SIGNED 4-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-11-1959
23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) (State) Kansas City Missouri

24. FUNERAL DIRECTOR ADDRESS Floral Hills Memorial Chapels, Inc
25. DATE RECD. BY LOCAL REG. 4-10-59
26. REGISTRAR'S SIGNATURE Neva Marshall

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

P.C. Quistgard

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, ~~or by~~ ....., Student Embalmer No. .....

working under my personal supervision.

Student ..... Signed Forrest D. Coldsmo

Signature of Student Embalmer

Licensed Embalmer No. 4714

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.