

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034882

FILED VS OCT 5 1959
 Registration District No. **833**

Primary Registration District No. **3074** Registrar's No. **169**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi						
b. CITY (If outside corporate limits, give TOWNSHIP only) Sikeston		Length of stay in 1b OR TOWN 3 Years		c. CITY OR TOWN Charleston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bel Air Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Charleston, Mo.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Mary Middle Ellen Last Bogert				4. DATE OF DEATH Month 9 Day 21 Year 59						
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/1/1869	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) East St. Louis, Ill.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Oliver Newberry Becker			13b. MOTHER'S MAIDEN NAME Bridget Ahern			14. NAME OF HUSBAND OR WIFE C.P. Bogert dec'd				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Dr. R.R. Bogert, East Prairie, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Accident							INTERVAL BETWEEN ONSET AND DEATH 1 hour.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis										
DUE TO (c) _____										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) —						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY		STATE		
21. I attended the deceased from August 1959 to 9/21/59 and last saw her ^{her} alive on 9-15-59 Death occurred at 8:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) E.D. Urban, M.D.				22b. ADDRESS Sikeston				22c. DATE SIGNED 9/29/59		(State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/23/59	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		23d. LOCATION (City, town, or county) Charleston, Mo.					
24. FUNERAL DIRECTOR The Nuntee Funeral Chapel ADDRESS Charleston, Mo.				25. DATE RECD. BY LOCAL REG. 10-3-59		26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 6 1953

NOV 6 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John F. Munnick

Licensed Embalmer No. 3851

P. O. Address Charleston

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.