

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012723

FILED VS. MAR 24 1960

2 2824

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Audrain				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 1 Week		c. CITY OR TOWN Mexico,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route # 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Kaga Last Hogan				4. DATE OF DEATH Month Feb. Day 29, Year 1960				
5. SEX Male	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 2-17-26	9. AGE (last birthday) 34	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) Truck Driver			10b. KIND OF BUSINESS OR INDUSTRY Gasoline Transport		11. BIRTHPLACE (City and state or country) Simmons, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Frank Hogan			13b. MOTHER'S MAIDEN NAME Stella Coats			14. NAME OF HUSBAND OR WIFE Mary Fox Hogan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes			16. SOCIAL SECURITY NO. 490-28-0316		17. INFORMANT Address Mrs. Mary Hogan R # 2 Mexico, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). IMMEDIATE CAUSE (a) Cardiac Arrest							INTERVAL BETWEEN ONSET AND DEATH 2-2760	
DUE TO (b) Surgical Anesthesia, Pentothal							2-27-60	
DUE TO (c) Operative repair left Cervico-brachial plexus								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 960.4 33					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 checked="" 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.) Automobile Accident, Jefferson Mo. 3-10-1958						
20c. TIME OF INJURY Hour 10:00 a.m. PM		Month, Day, Year 3-10-58		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> Intersection U.S. 54 & 63 In Jefferson City, Missouri				
21. I attended the deceased from 12-2-1959 to 2-29-60 and last saw her alive on 2-29-60 .			Death occurred at 9:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C.H. Parsons, M.D.				22b. ADDRESS 457 N. Kingshighway St. Louis		22c. DATE SIGNED 3-2-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-3-60	23c. NAME OF CEMETERY OR CREMATORY Cabool Cemetery		23d. LOCATION (City, town, or county) (State) Cabool, Mo.				
24. FUNERAL DIRECTOR Arnold Funeral Home			ADDRESS 510 S. Wash. Mexico, Mo.	25. DATE RECD. BY LOCAL REG. MAR 10 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

D. K. Parsons, M.D.
Deputy Coroner
3/2/60

Mr Parsons

NS MAR 24 1960

JUN 21 1960

MAR 28 1960

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 Leo H. Whitaker

Licensed Embalmer No. 4780

P. O. Address Melvin

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.