

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016014

FILED VS MAY 9 1960

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 18 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon		Length of stay in 1b 7 days		c. CITY OR TOWN Bragg City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Robley Middle Howell Last Hogue				4. DATE OF DEATH Month May Day 3 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 1-28-85	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant -- Retired Post Master			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Arcadia, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John Hogue			13b. MOTHER'S MAIDEN NAME --- Howell			14. NAME OF HUSBAND OR WIFE Cora Hogue			
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. unknown		17. INFORMANT Address San.records, Mo. State San., Mt. Vernon, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Unknown pulmonary disease, right (strongly suspect malignancy)							?		
DUE TO (b)									
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 Month, Day, Year a.m. p.m.									
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 April 26, 1960 to May 3, 1960 and last saw ^{XX} him alive on May 3, 1960 Death occurred at 5:30 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) C. E. H. Hogue M. D.				22b. ADDRESS Mt. Vernon, Missouri			22c. DATE SIGNED 5-3-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-3-60	23c. NAME OF CEMETERY OR CREMATORY Hayti		23d. LOCATION (City, town, or county) Kennett, Mo.			23e. STATE Mo.		
24. FUNERAL DIRECTOR Mr. Daniel Funeral Home			ADDRESS Kennett Mo.	25. DATE RECD. BY LOCAL REG. 5-3-60		26. REGISTRAR'S SIGNATURE H. H. Forrest			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAY 1 1960

VS MAY 13 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 William D. Con

Licensed Embalmer No. 485

P. O. Address Republic

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.