

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS JUN 15 1960

-60-019439

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2872 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 20 yrs.	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 700 Ward Parkway (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Kathleen Middle M. Last Hogan	4. DATE OF DEATH Month May Day 26 Year 1960
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-21-1909	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive Secretary	10b. KIND OF BUSINESS OR INDUSTRY Katz Drug Co.	11. BIRTHPLACE (City and state or country) Cameron, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Hogan	13b. MOTHER'S MAIDEN NAME Estella M. Wright	14. NAME OF HUSBAND OR WIFE None
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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. 487-01-1323	17. INFORMANT Miss Dorothy Hogan, 700 Ward Pkwy, K.C. Mo.	Address
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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) Abdominal Carcinomatosis		5 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of Sigmoid Colon.	8 mos
	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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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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
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21. I attended the deceased from 1957 to May 26/60 and last saw her/him alive on 5/25/60 Death occurred at 2 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Degree or title) by John Truffel	22b. ADDRESS 315 Indian Rd. Kansas City Mo	22c. DATE SIGNED 5/27/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial and Removal	23b. DATE 5-28-1960	23c. NAME OF CEMETERY OR CREMATORY Cameron Catholic Cemetery	23d. LOCATION (City, town, or county) Cameron, Missouri	(State)
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24. FUNERAL DIRECTOR Melody-McGilley-Eylar,	ADDRESS 20 West Linwood	25. DATE RECD. BY LOCAL REG. 5-27-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

Engel / John A. Engel / MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 13 1962

Dr. Engel
Plaza Med. Bldg
after noon Fr

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 Wm H. Engel

Licensed Embalmer No. 503

P. O. Address K.C. Mo

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