

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009473

AMENDED

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 26

STATE FILE NUMBER

FILED MAR 24 1961

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>MACON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL-McKAMEC</u>	Length of stay in 1b <u>4 1/2 Mos. 4 days</u>	c. CITY OR TOWN <u>MACON</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Home Infirmary</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>135 COGGIN</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>EDWARD</u> Middle <u>L.</u> Last <u>HOGAN</u>		4. DATE OF DEATH Month <u>MARCH</u> Day <u>5</u> Year <u>1961</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/19/1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel Clerk</u>	9. AGE (last birthday) <u>71</u>
11. BIRTHPLACE (City and state or country) <u>MACON COUNTY - Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MARTIN HOGAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET CONNORS</u>	
14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>World War I</u>	
16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT <u>Dr. Rely. St. Joseph's Home Infirmary</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL THROMBOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 DAY</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis with</u>		DUE TO (c) <u>Cerebral and Cardiovascular involvement.</u>	
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 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 <u>August '59</u> to <u>March 2 '61</u> and last saw him alive on <u>3/2/1961</u>		Death occurred at <u>3/5/1961 at 10:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Patrick C. Hogan MD</u>		22b. ADDRESS <u>2623 Telegraph Rd Lenexa Mo.</u>	
22c. DATE SIGNED <u>3/6/61</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>3-8-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Macon</u>	
23d. LOCATION (City, town, or county) (State) <u>Macon Mo.</u>		24. FUNERAL DIRECTOR <u>R. Lester Bram</u>	
24. ADDRESS <u>Macon Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-8-61</u>	
26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>			

DATE AMENDED

INSTEAD OF DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MEDICAL CERTIFICATION

MAR 24 1961

MAR 28 1961

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union Mo

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.