

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030048

STATE FILE NUMBER

AMENDED

700
FILED AUG 31 1961

Primary Registration District No.

Registrar's No. 140

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MACON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ATLANTA		c. CITY OR TOWN ATLANTA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last MARY L. Bogeart		4. DATE OF DEATH Month Day Year 8 - 23 - 1961	
5. SEX FEMALE	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 2-21-1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife and Stamper Prod. Employee		10b. KIND OF BUSINESS OR INDUSTRY Higbee Mo	11. BIRTHPLACE (City and state or country) U.S.A.
13a. FATHER'S NAME Boone Hassler		13b. MOTHER'S MAIDEN NAME Mary Jane Comstock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Willie I. Bogeart - Atlanta, Mo.	
14. NAME OF HUSBAND OR WIFE Willie I. Bogeart		12. CITIZEN OF WHAT COUNTRY U.S.A.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of Liver (advanced) DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH unknown	
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 July 4 - 61 to Aug 23 - 61 and last saw her alive on Aug 23 - 61 Death occurred at 1:00 p.m. on the date stated above, and to the best of my knowledge from the causes stated.		22a. SIGNATURE (Degree or title) O. L. Mendenhall	
22b. ADDRESS Atlanta		22c. DATE SIGNED 8-24-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-26-1961	23c. NAME OF CEMETERY OR CREMATORY Walnut Grove	23d. LOCATION (City, town, or county) (State) Paris - MO
24. FUNERAL DIRECTOR ADDRESS Theo H. Goodding - Atlanta, Mo		25. DATE RECD. BY LOCAL REG. 8/26/61	26. REGISTRAR'S SIGNATURE Ruth Neely

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

AUG 31 1961

ATLANTA

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 Theo H. Goodding

Licensed Embalmer No. 3982

P. O. Address Atlanta, Ga

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.