

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-036964
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4913

AMENDED

Filed for death 19 1961

a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		a. STATE MISSOURI	b. COUNTY JACKSON
Length of stay in 1b 50 YEARS		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 WHITE HOTEL		d. STREET ADDRESS (If outside, give location) WHITE HOTEL 4709 1/2 TROOST AVENUE	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First HARVEY	Middle	Last HOGGATT	4. DATE OF DEATH	Month 10	Day 2	Year 1961
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/11/73	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER & OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY HOGGATT WAX MANUFACTURING CO.	11. BIRTHPLACE (City and state or country) QUINCY, KANSAS	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME HOGGATT	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE LELA MOORE HOGGATT
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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) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO.	17. INFORMANT MRS. CORRINE HOGGATT - GRAPEVINE, TEX.
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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)	Coronary Thrombosis	1 Day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypotension	2 mo
	DUE TO (c) General Debility	
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.)
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20c. TIME OF INJURY Hour p.m.	Month, Day, Year
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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 2/10/60, to 10/2/61 and last saw ^{her}him alive on 10/2/61
Death occurred at 10:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. S. Prentiss M.D.	22b. ADDRESS 900 Realty Bldg 2 (C. Mo)	22c. DATE SIGNED 10/3/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 5, 1961	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	ADDRESS 1331 BRUSH CR. KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 10-5-61	26. REGISTRAR'S SIGNATURE Ruth Long
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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF H. S. Prentiss MEDICAL CERTIFICATION

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 Wern Fowler

Licensed Embalmer No. 4915

P. O. Address 156 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.