MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000517
STATE FILE NUMBER

Registration District No. 44 Primary Registration District No. 5145 Registrar's No. 3

FILED JAN 17 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Breckenridge, Township — Length of stay in 1b: 6 Mo
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Caldwell
c. CITY OR TOWN: Breckenridge — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Zilpha Middle: Ellen Last: Bogan
4. DATE OF DEATH: Month: Jan Day: 1st Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-20-1864
9. AGE (last birthday): 97 — IF UNDER 1 YEAR: Months 4 Days 14 — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (City and state or country): Penn
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Johnson
13b. MOTHER'S MAIDEN NAME: Mary Baker
14. NAME OF HUSBAND OR WIFE: Robert H. Bogan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Address: Mr. Alta Hall, Breckenridge, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH: seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Thrombosis — minutes
DUE TO (c): Arteriosclerosis, Cerebral — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Congestive Heart Failure
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 8-6-60, to 1-1-62 and last saw her alive on 12-26-61
Death occurred at 1:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): [signature] D.O.
22b. ADDRESS: Breckenridge Mo
22c. DATE SIGNED: 1-5-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 3, 61
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
23d. LOCATION (City, town, or county) (State): Breckenridge Mo.
24. FUNERAL DIRECTOR: Mead-Pitts ADDRESS: Breckenridge, Mo
25. DATE RECD. BY LOCAL REG.: 1-8-1962
26. REGISTRAR'S SIGNATURE: Mrs. Ruth Ann Sprague

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Pitts

Licensed Embalmer No. 5074

P. O. Address Bryson, 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.