

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007331
STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. 251 Registrar's No. 48

FILED FEB 19 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>NODAWAY</u>	a. STATE <u>MO</u>	b. COUNTY <u>NODAWAY</u>	b. COUNTY <u>NODAWAY</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Conception Jct.</u>	Length of stay in 1b <u>15 yrs.</u>	c. CITY OR TOWN <u>Conception Jct.</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>W. PART TOWN</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>W PART TOWN</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>EMMA</u>	Middle <u>LOUISE</u>	Last <u>HOGUE</u>	Month <u>FEB.</u>	Day <u>9</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHT.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>7-1-1869</u>	9. AGE (last birthday) <u>92</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>MONTAGUE PILCHER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH CALLHAPPY ALBERT</u>		14. NAME OF HUSBAND OR WIFE <u>J. HOGUE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>LAWRENCE HOGUE, Conception Jct., Mo.</u>	

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) <u>PNEUMONIA</u>		<u>1 week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>CHRONIC BRONCHITIS</u>	<u>6 years</u>
	DUE TO (c) <u>MYOCARDITIS</u>	<u>6 years</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 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.)
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 1952 to FEB 9-1962 and last saw her ^{her} _{him} alive on FEB 8-1962
Death occurred at 5:00 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R. J. Milligan</u>	(Degree or title)	22b. ADDRESS <u>20 Stansbury Mo</u>	22c. DATE SIGNED <u>2-10-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-10-1962</u>	23c. NAME OF CEMETERY <u>ST. COLUMBA</u>	23d. LOCATION (City, town, or county) (State) <u>CONCEPTION, MO.</u>

24. FUNERAL DIRECTOR <u>Robert Johnson, Stansbury, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>2 12 62</u>	26. REGISTRAR'S SIGNATURE <u>Bess Bolt</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Loss Evans Johnson*

Licensed Embalmer No. 4948

P. O. Address *Stanberry, 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.