MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019178

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 217

FILED MAY 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 7005
2 9005
3
4 0
5 1
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7 0
8 0
9 4201
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12 90-3
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE — Length of stay in 1b 20 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 11224 WINNER RD. — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN INDEPENDENCE — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 11224 WINNER RD. — Reside on Farm Yes ☐ NO XX ☐

3. NAME OF DECEASED (Type or print) First FRANK Middle HOWARD Last BOGART

4. DATE OF DEATH Month MAY Day 1, Year 1962

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married XX Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8-11-1893

9. AGE (last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST TOOL AND DIE MAKER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) HENRY COUNTY, MO.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME GEORGE W. BOGART

13b. MOTHER'S MAIDEN NAME CORA BALL

14. NAME OF HUSBAND OR WIFE IRENE BOGART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT Address Irene Bogart, 11224 Winner Rd., Indep., Mo.

18. CAUSE OF DEATH (Enter only one cause per line f...)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) History Heart Christian Sciences

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 _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner

22b. ADDRESS 152 Union Station

22c. DATE SIGNED 5-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 5-4-62

23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY

23d. LOCATION (City, town, or county) (State) INDEPENDENCE, MO.

24. FUNERAL DIRECTOR ADDRESS GEO.C.CARSON & SONS, INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG. 5-3-62

26. REGISTRAR'S SIGNATURE Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

SEP 11 1962

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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Raytown, 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.