

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034783

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 210

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 3 1963

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ohio b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		Length of stay in 1b	c. CITY OR TOWN Lewisville,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None

3. NAME OF DECEASED (Type or print) First GEORGE Middle GROVER Last HOGUE			4. DATE OF DEATH Month August Day 27 Year 1963		
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-14-1886	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural Mail Carrier (ret)		10b. KIND OF BUSINESS OR INDUSTRY Mail Carrier		11. BIRTHPLACE (City and state or country) Monroe Co. Ohio	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME James Hogue		13b. MOTHER'S MAIDEN NAME Hannah Massie	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) Unknown		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Address Elmer Hogue, Columbus, Ohio		18. CAUSE OF DEATH (Enter only one cause per item)			

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Contusion and laceration of brain		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
Conditions, if any, which gave rise to above cause (s), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture - dislocation of left ankle		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) In collision with a truck	
20c. TIME OF INJURY Hour 2:40 a.m. / p.m.		Month, Day, Year 8 27 1963	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION Sikeston	COUNTY Scott	STATE MO.
21. I attended the deceased from 8-27-63 to 8-27-63 and last saw him alive on 8-27-63 Death occurred at 5:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Wm. C. Cutchlow M.D.	22b. ADDRESS Sikeston, Mo	22c. DATE SIGNED Aug 29, 1963
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-30-1963	23c. NAME OF CEMETERY OR CREMATORY Friendship Cemetery	23d. LOCATION (City, town, or county) (State) Woodsfield, Ohio
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24. FUNERAL DIRECTOR ADDRESS Gardner Funeral Home, Woodsfield, Ohio.	25. DATE RECD. BY LOCAL REG. August 31, 1963	26. REGISTRAR'S SIGNATURE <i>Jeanette Waldman</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 1 **1007**
 2 **8240**
 3 **2**
 4 **0**
 5 **2**
 6
 7 **1**
 8 **2**
 9 **X**
 10
 11 **100**
 12 **1-0**
 13 **2-0**
 INSTEAD OF
 DOCUMENT
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Permit renewed Aug. 27, 1961

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 Edward E. Quenneville

Licensed Embalmer No. 4164

P. O. Address Sikeston, 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.