

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1212

FILED JAN 26 1953

BIRTH NO. REG. DIST. NO. 437 PRIMARY REG. DIST. NO. 3023 Registrar's No. 21

422
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION MOORE'S REST HOME		d. STREET ADDRESS WEST CLINTON ST.	
3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) ARNEY c. (Last) HOGUE		4. DATE OF DEATH (Month) (Day) (Year) JAN. 17, 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH AUG. 18, 1892
9. AGE (In years last birthday) 60		10. MONTHS 4	11. DAYS 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (City and State or Foreign Country) BENTON Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WM. HENRY HOGUE		13b. MOTHER'S MAIDEN NAME RODIE ANN GOAL	
14. NAME OF HUSBAND OR WIFE -		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 192-12-5225		17. INFORMANT'S SIGNATURE OR NAME Effie A. Gifford, Clinton, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS Clinton, Mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis		6 weeks	
DUE TO (c) -			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		4227	
19a. DATE OF OPERATION Jan		19b. MAJOR FINDINGS OF OPERATION -	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clinton Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? -			
22. I hereby certify that I attended the deceased from Jan 16, 1953 , to Jan 17, 1953 , that I last saw the deceased alive on Jan 16, 1953 and that death occurred at 11:50 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE S. B. Hughes		23b. ADDRESS Clinton Mo.	
23c. DATE SIGNED 1/19/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 20, 53	
24c. NAME OF CEMETERY OR CREMATORY GOOD HOPE CEMETERY		24d. LOCATION (City, town, or county) (State) Clinton, Mo. P.A.	
DATE REC'D BY LOCAL REG. Jan-20-53		REGISTRAR'S SIGNATURE Florence Adams	
25. FUNERAL DIRECTOR'S SIGNATURE W. A. Vassant		ADDRESS Clinton, Mo.	

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, ~~_____~~

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed N. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.