

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3572 State File No. 37149

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - Prairie) c. LENGTH OF STAY (In this place) 8 Mon.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Prairie 1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/4 Mi. N. Lee's Summit,		d. STREET ADDRESS (If rural, give location) 1/4 Mi. N. Lee's Summit	
3. NAME OF DECEASED (Type or Print) a. (First) Luther b. (Middle) William c. (Last) Bogner			4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 17, 1893
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Kingfisher, Okla
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Julis C. Bogner		13b. MOTHER'S MAIDEN NAME Mary O. Biby	14. NAME OF HUSBAND OR WIFE Fern Bogner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes, World War I		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fern Bogner, Lee's Summit, Missouri
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 1 da *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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 11-24-55, 1955 , to 11-25, 1955 , that I last saw the deceased alive on 11-25, 1955 , and that death occurred at 10:30 P.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. B. Langsford M.D.		23b. ADDRESS Lee's Summit, Mo	23c. DATE SIGNED 11-25-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 27, 1955	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cem.
24d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MO. Langsford Funeral Home, Lee's Summit	
DATE REC'D BY LOCAL REG. 11-25-55		REGISTRAR'S SIGNATURE M. B. Langsford 483	

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1958

1958

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
Student Embalmer

Signed *N. B. Longford*

Licensed Embalmer No. *4962*

P. O. Address *Leis Summit*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.