

FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26010

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>5118</u>		Registrar's No. <u>282</u>	
1. PLACE OF DEATH a. COUNTY B oone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Missouri Twp.)		c. LENGTH OF STAY (in this place) 10 Years.		c. CITY OR TOWN Rocheport		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home.				e. STREET ADDRESS (If rural, give location) R.F.D.			
3. NAME OF DECEASED (Type or Print) a. (First) Oliver		b. (Middle) L.		c. (Last) Bogart.		4. DATE OF DEATH (Month) (Day) (Year) August 27 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 2ⁿ 1870	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and State or Foreign Country) St. Mary's Parish, Louisiana		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Andrew Bogart		13b. MOTHER'S MAIDEN NAME Laura ?????		14. NAME OF HUSBAND OR WIFE ?????			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Walter Swanstone, Rocheport, Mo. ADDRESS _____			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma, cervical gland ANTECEDENT CAUSES c. metastases DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS malnutrition Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION malignancy				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE natural (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, 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 <u>Aug. 27</u> , 1956, to <u>Aug. 27</u> , 1956, that I last saw the deceased alive on <u>Aug. 27</u> , 1956, and that death occurred at <u>12:00</u> P.M., from the causes and on the date stated above.							
23a. SIGNATURE Wm. J. Sharr, Jr. M.D. (Degree or title)				23b. ADDRESS Lee Hospital, Fayette, Mo.		23c. DATE SIGNED 8-30-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 29 1956		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Boonville, Missouri.	
DATE REC'D BY LOCAL REG. Sept. 1, 1956		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller ADDRESS Boonville, Mo.			

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

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 *William W. Wood*.....

Licensed Embalmer No. 4539.....

P. O. Address Boonville, 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.