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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 15 1958

58-008869
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 391

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan 4117
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Joseph — Inside Limits Yes [X] No [ ] 0
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 901 So. 15th — Length of stay in 1b 46 years	d. STREET ADDRESS (If outside, give location) 901 So. 15th — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First GEORGE	Middle W.	Last BOGARD	4. DATE OF DEATH Month Day Year April 10, 1958
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]	8. DATE OF BIRTH Sept. 24, 1868	9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired merchant	10b. KIND OF BUSINESS OR INDUSTRY Coal Company	11. BIRTHPLACE (City and state or country) Chico, Calif. 1	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Bogard	13b. MOTHER'S MAIDEN NAME Catherine Matney	14. NAME OF HUSBAND OR WIFE Annie M. Bogard		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address William J. Bogard, Bolckow, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH Unk.

Conditions, if any, which gave rise to above cause (a), 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) 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2

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 3/28/58, to 4/10/58 and last saw him alive on 4/9/58

Death occurred at 7:15a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G E Mellerney M.D. 0	22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo.	22c. DATE SIGNED 4/11/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4/12/1958	23c. NAME OF CEMETERY OR CREMATORY Allen Cemetery	23d. LOCATION (City, town, or county) (State) Gower, Missouri
24. FUNERAL DIRECTOR Heaton-Bowman	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. April 11, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Spalding

Licensed Embalmer No. 4536

P. O. Address 315 [illegible]

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.