...URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 23 1959

59-037427

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9409

...MENDED

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b: 17 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois — b. COUNTY: Jersey
c. CITY OR TOWN: GRAFTON — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CHAUNCEY — Middle: C. — Last: BOGUE

4. DATE OF DEATH: Month: OCTOBER — Day: 12 — Year: 1959

5. SEX: MALE
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-22-1930
9. AGE (last birthday): 28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LADORER
10b. KIND OF BUSINESS OR INDUSTRY: STARCH Co.
11. BIRTHPLACE (City and state or country): Litchfield, Ill.
12. CITIZEN OF WHAT COUNTRY: U. S. A

13a. FATHER'S NAME: George Bogue
13b. MOTHER'S MAIDEN NAME: DAISY VARNER
14. NAME OF HUSBAND OR WIFE: —

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

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	UREMIA	9+ YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CHRONIC RENAL DISEASE, TYPE UNKNOWN	9+ YEARS
DUE TO (c)	592x	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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 OCT. 13, 1951, to OCT. 12, 1959 and last saw her/him alive on OCT. 12, 1959
Death occurred at 6:05 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. C. Vermillion M.D. M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 10/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-14-59
23c. NAME OF CEMETERY OR CREMATORY: Senie Hill Cem.
23d. LOCATION (City, town, or county): GRAFTON — (State): Illinois

24. FUNERAL DIRECTOR: Jacoby Bros. — ADDRESS: Jerseyville Ill.
25. DATE RECD. BY LOCAL REG.: OCT 14 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MDB

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Frank Prongoff

Signature of Student Embalmer

Licensed Embalmer No. 4356

P. O. Address St Louis, 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.