

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017400

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4816 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAY 9 1963

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH Month Day Year				
5. SEX			6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			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)			16. SOCIAL SECURITY NO.		17. INFORMANT Address					
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH				
IMMEDIATE CAUSE (a)										
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>10/1/62</u> to <u>5/2/63</u> and last saw him alive on <u>5/1/63</u> Death occurred at <u>5:30</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title)					22b. ADDRESS			22c. DATE SIGNED		
23a. BURIAL, CREMATION, or REMOVAL (Specify)					23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ADDRESS					25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE			

3. NAME OF DECEASED: GRANYOL H. BOGUE
 4. DATE OF DEATH: MAY 2 1963
 5. SEX: M
 6. COLOR OR RACE: W
 7. Married: Never Married: Widowed: Divorced:
 8. DATE OF BIRTH: 12-26-1905
 9. AGE: 57
 10a. USUAL OCCUPATION: MAINTENANCE WORKER
 10b. KIND OF BUSINESS OR INDUSTRY: DYKEN CHEMICAL CO.
 11. BIRTHPLACE: SPOKANE WASHINGTON
 12. CITIZEN OF WHAT COUNTRY: USA.
 13a. FATHER'S NAME: WALLACE BOGUE
 13b. MOTHER'S MAIDEN NAME: MARLEY HURST
 14. NAME OF HUSBAND OR WIFE: PAULINE.
 15. WAS DECEASED EVER IN U.S. ARMED FORCES?: No
 16. SOCIAL SECURITY NO.: [REDACTED]
 17. INFORMANT: PAULINE BOGUE 8741-ACACIA
 18. CAUSE OF DEATH: Carcinomatosis
 IMMEDIATE CAUSE (a): Carcinomatosis
 DUE TO (b): Carcinoma of Liver
 DUE TO (c): 156.1
 19. WAS AUTOPSY PERFORMED?: YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED: [REDACTED]
 20c. TIME OF INJURY: [REDACTED]
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY: [REDACTED]
 20f. CITY, TOWN, OR LOCATION: [REDACTED] COUNTY: [REDACTED] STATE: [REDACTED]
 21. I attended the deceased from 10/1/62 to 5/2/63 and last saw him alive on 5/1/63
 Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
 22a. SIGNATURE: Friede Mortensen M.D.
 22b. ADDRESS: 3701 Grandel Sq
 22c. DATE SIGNED: 5/3/63
 23a. BURIAL, CREMATION, or REMOVAL (Specify): Removal
 23b. DATE: MAY 4 1963
 23c. NAME OF CEMETERY OR CREMATORY: GOODALL CEMETERY
 23d. LOCATION (City, town, or county) (State): ARLINGTON Mo
 24. FUNERAL DIRECTOR: O'SULLIVAN-MUCKLE-KRON
 25. DATE RECD. BY LOCAL REG.: MAY 3 1963
 26. REGISTRAR'S SIGNATURE: Joan Smith, M.D.

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 Albert Mayfield

Licensed Embalmer No. 3077

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.