

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

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

8367
State File No.

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1221</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett City</u>		c. LENGTH OF STAY (In this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett City</u>		d. STREET ADDRESS (If rural, give location) <u>4316 E 10th ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6700 E 32nd St.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ernest</u>		b. (Middle) <u>ARTHUR</u>		c. (Last) <u>FOGLE</u>	
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>15</u>		(Year) <u>49</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>8-26-99</u>	
9. AGE (In years last birthday) <u>49</u>		10. IF UNDER 1 YEAR Months		11. IF UNDER 1 YEAR Days		12. IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welding</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R.</u>		11. BIRTH PLACE (State or foreign country) <u>Clinton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Nadine Fogle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nadine Fogle</u>		ADDRESS <u>4316 E 10th</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Thrombosis</u> <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Syphilitic aortitis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>---</u> DUE TO (c) <u>---</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>023X</u>			
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) m.		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>Jan 21</u> , 19 <u>49</u> , to <u>Mar 14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar 14</u> , 19 <u>49</u> , and that death occurred at <u>330 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Donald H. Miller D.O.</u> (Degree or title)				23b. ADDRESS <u>4201 1/2 E 2nd</u>		23c. DATE SIGNED <u>3/16/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Washington</u>		24d. LOCATION (City, town, or county) (State) <u>K.E. Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-17-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. ...</u>		ADDRESS <u>K.E. Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. 4255

P. O. Address. KC. 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 this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson SS.

State File No. 8367
Local Registrar's No. 221-49

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 13 day of June, 1949, before me appears Mrs.
Nadine Fogle, who, upon her oath, states that the original record of birth
for Ernest Arthur Fogle ^{died} 3-15-, 1949, in the State of
Missouri, and which was filed at N. C. Mo. on 3-17, 1949 should be corrected as follows:

Item No. 11 should read Welther, Ohio
Instead of Clinton, Mo.

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Mrs. Nadine Fogle
4316 E. 10th St.
Present Address.

Subscribed and sworn to before me this 13th day of June, 1949.

My Commission expires Oct. 21, 1951 Barrie M. Ruppelius Notary Public.

