

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9421

State File No. ....

1800

FILED APR 14 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residency before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti twp Rural</u>		c. LENGTH OF STAY (In this place) <u>Rural</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hayti</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			4. DATE OF DEATH (Month) (Day) (Year) <u>March 26, 1949</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Egbert</u>	b. (Middle) <u>Allen</u>	c. (Last) <u>Ogden</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 26, 1904</u>	9. AGE (In years last birthday) <u>45</u>	10. UNDER 1 YEAR Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Marston Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Tom Ogden</u>		13b. MOTHER'S MAIDEN NAME <u>D.K.</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Ogden</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Ogden Hayti, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr +</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary T.B. &amp; emphysema</u>	ANTECEDENT CAUSES <u>Bilateral</u>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>NO 2X</u>				
	DUE TO (c) <u>Secondary leukemia</u>				
II. OTHER SIGNIFICANT CONDITIONS <u>Secondary leukemia</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) <u>Hayti Pemiscot, Mo.</u>			
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>Feb. 30, 1949</u> , to <u>March 29, 1949</u> , that I last saw the deceased alive on <u>3-23, 1949</u> , and that death occurred at <u>8:20 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>A. J. Shirey</u>		(Degree or title) <u>O.M.D.</u>	23b. ADDRESS <u>Hayti, Mo.</u>		23c. DATE SIGNED <u>3/28/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/27/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sasfras Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Hickman Ky.</u>		
DATE REC'D BY LOCAL REG. <u>4-8-49</u>	REGISTRAR'S SIGNATURE <u>John W. German</u>		406	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bassett Funeral Home Hickman Ky.</u>	

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

H-49-94

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**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 Embalmer No. ....

Signed.....  
Student Embalmer

*not embalmed*  
Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.