

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31381**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **441** Registrar's No. **41**

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

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Pike</b>	
b. CITY OR TOWN <b>Bowling Green</b>		c. CITY OR TOWN <b>Bowling Green</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mattie</b>	b. (Middle) <b>—</b>	c. (Last) <b>Ogden</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 30 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 12 1865</b>	9. AGE (In years last birthday) <b>74</b>	10. MONTH <b>3</b>	11. DAY <b>18</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Ashley Mo D.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Wm R Lee</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ann Henderson</b>	14. NAME OF HUSBAND OR WIFE <b>Arthur Ogden</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>—</b>	16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Norman Ogden</b>	17. ADDRESS <b>Bowling Green Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Insufficiency</b>		<b>3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Abdominal Neoplasms</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>P991</b>

19a. DATE OF OPERATION <b>June 49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Abdominal Neoplasms</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 **1940** to **8-30**, 19 **49**, that I last saw the deceased alive on **8-26**, 19 **49**, and that death occurred at **10 a.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>M. Mathews</b> (Degree or title)	23b. ADDRESS <b>Bowling Green Mo</b>	23c. DATE SIGNED <b>9-1-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-1-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bowling Green</b>	24d. LOCATION (City, town, or county) (State) <b>Bowling Green Mo</b>
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DATE REC'D BY LOCAL REG. <b>9-7-49</b>	REGISTRAR'S SIGNATURE <b>Will Robinson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Grace Banzard</b>	25. ADDRESS <b>Bowling Green Mo</b>
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RECEIVED

SEP 16 1949

District Health Officer No. 1

District File Number 9-49-16

Date Filed SEP 16 1949

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.

Signed *Harold C. Kirk*

Signed .....  
Student Embalmer

Licensed Embalmer No. *4597*

P. O. Address *Bowling Green, 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.