

FILED DEC 21 1949

STANDARD CERTIFICATE OF DEATH

State File No. 42095

BIRTH NO.

REG., DIST. NO. 294

PRIMARY REG. DIST. NO. 3656

Registrar's No. 263

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>7</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		88
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>704 So. 5th St</u>			d. STREET ADDRESS (If rural, give location) <u>704 So. 5th St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ogle</u>		b. (Middle) <u>H.</u>	c. (Last) <u>Embree</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 10, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Mar 5th 1901</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>8</u>
IF UNDER 24 HRS. Hours <u>5</u>	IF UNDER 2 HRS. Min. <u>5</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>			10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>Okla</u>			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>John Embree</u>		13b. MOTHER'S MAIDEN NAME <u>Bena Nichols</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Retta Hickman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u>491-07-2670</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Moberly, Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tbc</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1-2 yr</u>		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			1702X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ac cordial collapse</u>			1 da		
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)	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>Nov 10, 1949</u> , to <u>Dec 9, 1949</u> , that I last saw the deceased alive on <u>12-9, 1949</u> , and that death occurred at <u>8:45 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>He [Signature]</u>			23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>12-13-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 13th 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sun Set Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Madison Mo</u>		
DATE REC'D BY LOCAL REG. <u>12/13/49</u>	REGISTRAR'S SIGNATURE <u>Leah Belcher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u>	ADDRESS <u>Moberly Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 19 1948
District Health Officer No. 10
District File Number 12-49-21
Date Filed DEC 19 1948

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
Student Embalmer

Signed Frank B. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.