

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30122

State File No. _____
Registrar's No. 100

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021

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1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton	
c. LENGTH OF STAY (in this place) 48 years		d. STREET ADDRESS (If rural, give location) McJAY APTS WASHINGTON ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION McJAY APTS - TRENTON, MO			

3. NAME OF DECEASED a. (First) MARY b. (Middle) IRENE c. (Last) Ogline			4. DATE OF DEATH (Month) (Day) (Year) July 20 1950		
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH MAY 11, 1868	9. AGE (In years last birthday) 82	10. MONTHS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Deerfield, Ohio		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME William Sigle		13b. MOTHER'S MAIDEN NAME Leuanni Sigle		14. NAME OF HUSBAND OR WIFE William Wallace Ogline (dec)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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) John P. Ferransio			INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Diabetes mellitus + arterio sclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			
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 June 3, 1950, to July 20, 1950, that I last saw the deceased alive on July 20, 1950, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. Ferransio M.D. (Degree or title)		23b. ADDRESS Trenton Mo		23c. DATE SIGNED 7/21/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/21/50		24c. NAME OF CEMETERY OR CREMATORY Alliance City Cemetery	
				24d. LOCATION (City, town, or county) (State): Alliance Ohio	

DATE REC'D BY LOCAL REG. 7-21-50		REGISTRAR'S SIGNATURE Jene Fair		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis - Blackmore	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



JUN 1 1968
JUN 1 9 10 AM '68

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 _____

J. Godwin Beckwith

Licensed Embalmer No. 4602

P. O. Address Trouton, 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.