

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32393

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6204 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Raynoldsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Houston Mo	
c. LENGTH OF STAY (In this place) 3 m.		1076	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) PAYTON	c. (Last) OGLE	4. DATE OF DEATH (Month) (Day) (Year) 9 22 50
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 12, 1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 6	IF UNDER 4 HRS. Days 70 Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Licking Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Ogle	13b. MOTHER'S MAIDEN NAME Harriet Law	14. NAME OF HUSBAND OR WIFE Alta
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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 Mary Burgess Licking Mo	ADDRESS Licking Mo
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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, ashenia, 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) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Died with out medical attention.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Raynoldsville Texas Mo
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and the death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Raymond V. Elliott (Crima)	23b. ADDRESS Cabral Mo	23c. DATE SIGNED Sept 22/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-25-50	24c. NAME OF CEMETERY OR CREMATORY... Boone Creek	24d. LOCATION (City, town, or county) (State) Texas Mo
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DATE REC'D BY LOCAL REG. Oct 5 50	REGISTRAR'S SIGNATURE 327 Myrtle Craig	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Raymond V. Elliott Houston Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 9 1950
Dist. File 1050-2060
Date Filed 10-9-50

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 E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.