S. No. 300
. 10.48

0042
0

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

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36049

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 194

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Wellsville~~ Mexico, Mo.
c. LENGTH OF STAY (In this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Audrain Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ~~Wellsville~~ Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellsville 0900 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Leo b. (Middle) none c. (Last) Fogle

4. DATE OF DEATH (Month) 11 (Day) 2 (Year) 1950

5. SEX male 2

6. COLOR OR RACE negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1

8. DATE OF BIRTH Nov. 23, 1905

9. AGE (In years last birthday) 44 — If under 1 year: Months 11 Days 10 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Ambulance driver

11. BIRTHPLACE (State or foreign country): Wellsville, Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Joe Fogle

13b. MOTHER'S MAIDEN NAME: Hennie Walker

14. NAME OF HUSBAND OR WIFE: Effie Fogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 488-09-0164

17. INFORMANT'S SIGNATURE OR NAME: Beaulah Fogle (sister) **ADDRESS**: Mexico, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic interstitial nephritis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia retention (Bright's Disease)
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. — 592 X

19a. DATE OF OPERATION None.

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) X

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. X

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? X

22. *I hereby certify that I attended the deceased from* 10-25, 1950, *to* 11-2, 1950, *that I last saw the deceased alive on* 11-2, 1950, *and that death occurred at* 11A *m., from the causes and on the date stated above.*

23a. SIGNATURE Harry J. O'Brien **(Degree or title)** M.D. **23b. ADDRESS** Mexico Missouri **23c. DATE SIGNED** 11-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 11/4/50 **24c. NAME OF CEMETERY OR CREMATORY** Wellsville, City Cem. **24d. LOCATION** (City, town, or county) Wellsville, Montg., Mo. **(State)**

DATE REC'D BY LOCAL REG. Nov 4-1950 **REGISTRAR'S SIGNATURE** R. Blanche Neely **25. FUNERAL DIRECTOR'S SIGNATURE** L. B. Kelly **ADDRESS** Wellsville Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: NOV 1 3 195
DISTRICT HEALTH OFFICE #
District File Number 11-50
Date Filed: NOV 1 4 1950

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 N B Wells

Signed.....
Student Embalmer

Licensed Embalmer No. 1588

P. O. Address Wellsville 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.