

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 17 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 492

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		b. COUNTY <u>JACKSON</u>	
c. LENGTH OF STAY (If in this place) <u>Week</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>		d. STREET ADDRESS (If rural, give location) <u>1415 Holmes Street</u>	

3278

3. NAME OF DECEASED (Type or Print) a. (First) <u>ABRAM</u> b. (Middle) <u>Oglesby</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 26 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JANUARY 25 1901</u>		9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months   Days <u>0</u>   <u>7</u>	
IF UNDER 24 HRS. Hours   Min. <u>0</u>   <u>0</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JANITOR</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>WYNN, ARKANSAS</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>GRANT OGLESBY</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE OGLESBY</u>		14. NAME OF HUSBAND OR WIFE <u>DEMETRIA OGLESBY</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>unk. - But no has one</u>		17. INFORMANT'S SIGNATURE OR NAME <u>THEODORE OGLESBY</u>	
				ADDRESS <u>2224 Michigan Avenue</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHO PNEUMONIA (TERMINAL)</u>		ANTECEDENT CAUSES				<u>491X</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		<u>CEREBRAL VASCULAR ACCIDENT (CEREBRAL THROMBOSIS)</u>					
Conditions contributing to the death but not related to the disease or condition causing death.		<u>HYPERTENSIVE CARDIO VASCULAR DISEASE</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (m.)		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 11-30, 19 50 to 1-26, 19 51, that I last saw the deceased alive on 1-26, 19 51 and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Frank Elmer, M.D.</u> (Degree or title)		23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>1-29-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-1-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nighland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Blue Ridge Blvd. K.C. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>2-2-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brigham &amp; Jones Funeral Home</u>		ADDRESS <u>2700 E. 10th</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

*Bruce Riley Watteria*

Signed.....

Student Embalmer

Licensed Embalmer No. *4500*

P. O. Address *1729 Lydia*

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.