

FILED MAR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8205

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 14

5422

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

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u>		
b. CITY OR TOWN <u>CLINTON</u>		c. LENGTH OF STAY (in this place) <u>12 YRS.</u>	c. CITY OR TOWN <u>CLINTON</u>		d. STREET ADDRESS (If rural, give location) <u>306 S. MAIN ST.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>306 S. MAIN ST.</u>			d. STREET ADDRESS (If rural, give location) <u>306 S. MAIN ST.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u> b. (Middle) <u>L.</u> c. (Last) <u>OGLESBY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 11, 1951</u>		
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>M.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV. 23, 1869</u>	9. AGE (In years last birthday) <u>81</u>	If UNDER 1 YEAR Months <u>3</u> Days <u>18</u>	If UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
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13a. FATHER'S NAME <u>JOHN SEATON</u>		13b. MOTHER'S MAIDEN NAME <u>PAULINE A. BULER</u>		14. NAME OF HUSBAND OR WIFE <u>C. T. OGLESBY - Deceased</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R. R. HENNEY, CLINTON, MO</u>		ADDRESS	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Death at once</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary insufficiency</u>				1 month.	
		DUE TO (c) <u>Arterio-sclerosis of coronary vessels</u>				4201	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					

19a. DATE OF OPERATION <u>None</u>		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) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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?	
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22. I hereby certify that I attended the deceased from 1945, to March 11, 1951, that I last saw the deceased alive on March 3, 1951, and that death occurred at 12:07 p.m., from the causes and on the date stated above.

22a. SIGNATURE <u>S. B. Hughes, M.D.</u>		23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>3/13/51</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buler Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton City, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Mar-13-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Tausant</u>		ADDRESS	
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RECEIVED
MAR 20 1951

RECEIVED 3-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-19-51 _____

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 W. A. Causant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.