

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12728  
State File No. 12728  
1483

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Jackson MO.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 2538</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorah Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3636 Forest Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian M.</u> b. (Middle) <u>Oglesby</u> c. (Last) <u>Oglesby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-3-51</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>6-12-1880</u>	9. AGE (In years last birthday) <u>70</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED-10 MOS. POSTAL CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL POST OFFICE</u>		11. BIRTHPLACE (State or foreign country) <u>AURORA ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>WILLIAM OGELESBY</u>		13b. MOTHER'S MAIDEN NAME <u>LILLIAN BABER</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Ed J. Barnes</u>	
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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ED J. BARNES</u> ADDRESS <u>1109 LINWOOD BLVD. KANSAS CITY, MO.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Infection</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u>		<u>2 mos</u>	
		DUE TO (c) <u>Aortic Stenosis</u>		<u>2 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dental Infection</u>		<u>1 year</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Aug. 1, 1950 to April 3, 1951, that I last saw the deceased alive on April 2, 1951, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Graham Asher</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Kensalton, Mo. 1720 Professional Bldg.</u>		23c. DATE SIGNED <u>4-4-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR 5 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT MORIAH CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. W. Newcomer's Sons</u>		ADDRESS <u>1931 BRUSH CREEK KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-5-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>			

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Deyle L. Daniel*.....

Licensed Embalmer No. *4702*.....

P. O. Address *Kansas City, 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.