

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27453**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **3030** Registrar's No. **61**

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b> <b>0502</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Festus</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Festus</b> <b>0502</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>207 North 2<sup>nd</sup> Street</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>SAMUEL</b> b. (Middle) <b>Acen</b> c. (Last) <b>OGLE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 6, 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>July 25, 1891</b>	9. AGE (In years last birthday) <b>60</b>	10. UNDER 1 YEAR Hours   Min. <b>- 11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GLASS WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>P.P.G. Co.</b>		11. BIRTHPLACE (State or foreign country) <b>ZION, MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>JAMES OGLE</b>	13b. MOTHER'S MAIDEN NAME <b>ANNA GOODMAN</b>	14. NAME OF HUSBAND OR WIFE <b>PEARL OGLE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Pearl Ogle Festus, Mo.</b>

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) <b>CORONARY DISEASE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>about 15 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>-</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>4201</b>
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 Apr 12, 1950, to Aug 6, 1951, that I last saw the deceased alive on Aug 6, 1951, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Catala Belgur, MD</b>	23b. ADDRESS <b>Festus, Mo</b>	23c. DATE SIGNED <b>8/7/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG 9, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GAMEL Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>Festus MO</b>		

DATE REC'D. BY LOCAL REG. <b>8/6/51</b>	REGISTRAR'S SIGNATURE <b>Anthony Politto</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Anthony Politto Festus, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 8-14-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Ernest P. Politte

Licensed Embalmer No. 3481

P. O. Address Crystal 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.