

No. 300
v. 10-48

FILED MAY 15 1952
Hospital
copy

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44337

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6216 Registrar's No. 17

10883

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Blue Mound 3p.</u>		c. LENGTH OF STAY (in this place) <u>lifetime</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>1080 Rural Blue Mound 2p.</u>		1080
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Township public road</u>			d. STREET ADDRESS (If rural, give location) <u>14 1/2 mi. N. E. Nevada Mo</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gerald</u> b. (Middle) <u>Dean</u> c. (Last) <u>Ogle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-4-51</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>9-9-1935</u>		9. AGE (In years last birthday) <u>15</u>	# UNDER 1 YEAR Months <u>8</u> Days <u>20</u>	# UNDER 6 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>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>U. Walker Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Orville Ogle</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Enser</u>		14. NAME OF HUSBAND OR WIFE _____	
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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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Orville Ogle Walker, Mo.</u>			
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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>Broken neck and</u>	DUE TO (b) <u>internal injuries</u>				_____
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>due to overturning of</u>				_____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Automobile Gerald Dean Ogle</u>	AUTOPSY? _____				_____

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>("accidental") was diving, upon arrival reached hospital was pronounced dead.</u>				
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>3p. public road</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Blue mound 2p. Vernon Mo.</u>			
21d. TIME OF INJURY _____		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Overturning of Automobile</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter W. Sherman, Coroner</u>		23b. ADDRESS <u>Nevada Missouri</u>		23c. DATE SIGNED <u>June 6 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harwood Cemetery Near Harwood Missouri</u>		24d. LOCATION (City, town, or county) (State) _____	
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DATE REC'D BY LOCAL REG. <u>June 6 1951</u>	REGISTRAR'S SIGNATURE <u>Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen J. Kays Nevada Mo</u>		
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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 Allen V. Hayes.....

Licensed Embalmer No. 1968.....

P. O. Address Nevada, 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.