

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9189**

S. No. 300
v. 10.48

LEO MAR 23 1952		BIRTH NO. 810488		REG. DIST. NO. 233		PRIMARY REG. DIST. NO. 4348		Registrar's No. 4							
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)											
a. COUNTY Montgomery		b. CITY (If outside corporate limits, write RURAL and give OR TOWN Wellsville)		a. STATE Missouri		b. COUNTY Montgomery									
c. LENGTH OF STAY (in this place) 8 hours		c. CITY (If outside corporate limits, write RURAL and give OR TOWN Wellsville)		d. STREET ADDRESS West Krakel Street		0700									
d. FULL NAME OF HOSPITAL OR INSTITUTION Walls Clinic				d. STREET ADDRESS (If rural, give location)											
3. NAME OF DECEASED (Type or Print)			a. (First) DIANE			b. (Middle) MARIE			c. (Last) BOGLE						
4. DATE OF DEATH			(Month) Mar.			(Day) 18			(Year) 1952						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child		8. DATE OF BIRTH Dec. 14, 1951		9. AGE (In years last birthday) - - -		IF UNDER 1 YEAR 3 MONTHS		IF UNDER 4 HRS. 4 DAYS		IF UNDER 4 HRS. 0 HOURS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Wellsville Montg. Mo.				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Marvin Bogle				13b. MOTHER'S MAIDEN NAME Hazel Mosley				14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. none				17. INFORMANT'S SIGNATURE OR NAME Marvin Bogle Wellsville Mo				ADDRESS no			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH					
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Diarrhea								2 1/2 hrs					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES													
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza													
		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								20. AUTOPSY? 482X					
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)							
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 March 17, 1952 , to March 18, 1952 , that I last saw the deceased alive on March 16, 1952 , and that death occurred at 2:45 a. m. , from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) Willis H. Walls M.D.				23b. ADDRESS Wellsville Mo.				23c. DATE SIGNED 3/18/52							
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/19/52		24c. NAME OF CEMETERY OR CREMATORY Lane Cemetery		24d. LOCATION (City, town, or county) Tenn. Mo		(State)							
DATE REC'D BY LOCAL REG. 3-18-52		REGISTRAR'S SIGNATURE W. S. Roman				25. FUNERAL DIRECTOR'S SIGNATURE H. B. Hells				ADDRESS Wellsville Mo					

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

0700
0

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 _____

Licensed Embalmer No. 1588

P. O. Address Hellerville N.Y.

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.