S. No. 200
. 10.48

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

FILED DEC 15 1952
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38119

State File No.

BIRTH NO. REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 4151 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY CRAWFORD COUNTY
b. CITY OR TOWN STEELVILLE MO. (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE MISSOURI
b. COUNTY CRAWFORD
c. CITY OR TOWN STEELVILLE MO.
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) HARRISON
b. (Middle) OGLE.
c. (Last)

4. DATE OF DEATH (Month) NOV (Day) 28 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. ~~MARRIED~~, NEVER ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) 0
8. DATE OF BIRTH JULY 1887
9. AGE (In years last birthday) 65 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and State or Foreign Country) KEYSVILLE MO 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME BEN GERMAN OGLE
13b. MOTHER'S MAIDEN NAME DONT KNOW
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME W. I. CARR ADDRESS STEELVILLE, MO

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility — 3 years

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 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* Nov. 18, 1952; *that I last saw the deceased alive on* Nov. 18, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) D.O.
23b. ADDRESS Steelville
23c. DATE SIGNED 12/1/52

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) 0
24b. DATE NOV 30-52
24c. NAME OF CEMETERY OR CREMATORY STEELVILLE.
24d. LOCATION (City, town, or county) STEELVILLE MO. (State)

DATE REC'D BY LOCAL REG. 12-10-52
REGISTRAR'S SIGNATURE [signature] 76-8
25. FUNERAL DIRECTOR'S SIGNATURE JONAS FUNERAL HOME **ADDRESS** STEELVILLE MO

(Licensed Embalmer's Statement on Reverse Side)

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 Harry M. Jones, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Harry M. Jones

Licensed Embalmer No. 2628

P. O. Address Stachelle MD

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.