

FILED DEC 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43128
State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5997 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>POTNAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>POTNAM</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL WILSON TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL WILSON TOWNSHIP</u>	
c. LENGTH OF STAY (in this place) LIFE TIME		<u>0860</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>UNIONVILLE</u>		d. STREET ADDRESS (If rural, give location) <u>UNIONVILLE</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ED</u>	b. (Middle)	c. (Last) <u>OGLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 13 1952</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>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 19 1885</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR
				<u>67</u>	Months <u>5</u>	Days <u>24</u>	Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM OWNER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>POTNAM COUNTY MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN OGLE</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY WEISNER</u>	14. NAME OF HUSBAND OR WIFE <u>EDNA OGLE</u>
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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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LOREN OGLE GREEN CITY, MISSOURI</u>	ADDRESS <u>GREEN CITY, MISSOURI</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		
	DUE TO (c) <u>hypertension</u>		
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 <u>420</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 1947, to Dec 13, 1952, that I last saw the deceased alive on Dec 13, 1952, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Phas L. Judd Do.</u>	(Degree or title)	23b. ADDRESS <u>Unionville, Mo</u>	23c. DATE SIGNED <u>12-14-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC. 16 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WYREKA CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>POTNAM COUNTY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>12-23-52</u>	REGISTRAR'S SIGNATURE <u>Marvell Durham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>COMSTOCK FUNERAL HOME</u> BY <u>S. W. Comstock</u>	ADDRESS <u>UNIONVILLE, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

860
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James W. Comstock

Licensed Embalmer No. #197

P. O. Address Unionville, 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.