

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14404

State File No. _____

FILED MAY 8 1953

2111

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>3718</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4432 Bell St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Lukes Hosp.</u>			

3. NAME OF DECEASED a. (First) <u>Roy</u> b. (Middle) <u>E</u> c. (Last) <u>OGDEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 19, 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OF RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Nov. 22 1904</u>		9. AGE (In years; last birthday) <u>48</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Engrs. Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			

13a. FATHER'S NAME <u>William L. Ogden</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Niday</u>		14. NAME OF HUSBAND OR WIFE <u>Florenteen S. Ogden</u>	
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>442-07-4912</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Florenteen Ogden, K. C. Mo.</u>	

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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE MYOCARDIAL INFARCTION</u>		ANTECEDENT CAUSES				<u>INSTANT</u>	
DUE TO (b) <u>CORONARY OCCLUSION</u>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>3 HRS.</u>	
DUE TO (c) <u>CORONARY ARTERIOSCLEROSIS</u>		II. OTHER SIGNIFICANT CONDITIONS				<u>3+ YRS</u>	
Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>		19a. DATE OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>							

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>KANSAS CITY (JACKSON) MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		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 Sept. 1949, to April 19, 1953, that I last saw the deceased alive on April 19, 1953, and that death occurred at 2:37 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Roy J. Booby</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>217 Plaza Nine Bldg Mo</u>		23c. DATE SIGNED <u>4/19/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/22/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Altoona, Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Altoona, Kansas.</u>					

DATE REC'D BY LOCAL REG. <u>4-21-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Gates Funeral Home, K. C. Kans.</u>	
---	--	---	--	---	--

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

MAY 18 1955

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 *Jimmy S. Hucks*
Licensed Embalmer No. *4092*
P. O. Address *Mission, Pa*

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.