

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **17044**

FILED JUN 15 1953

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

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 163	
1. PLACE OF DEATH a. COUNTY Boone 0105				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone 0115			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Columbia		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 810 N. Seventh St.				e. STREET ADDRESS (If rural, give location) 810 N. Seventh St.			
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) PRESTON c. (Last) OGDEN			4. DATE OF DEATH (Month) (Day) (Year) June 8 1953				
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-26-1880	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber			10b. KIND OF BUSINESS OR INDUSTRY Barber		11. BIRTHPLACE (City and State or Foreign Country) Lincoln County, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Champ Ogden			13b. MOTHER'S MAIDEN NAME Bessie Davis		14. NAME OF HUSBAND OR WIFE Alice Lankford Ogden		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cottle Ogden, Vandalia, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH years years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200					20. AUTOPSY? 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) m.		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 June 8, 1953 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1 A m., from the causes and on the date stated above.							
23a. SIGNATURE Henry Sweet's Jr M.D. Coroner (Degree or title)				23b. ADDRESS 909 University Ave Columbia Mo		23c. DATE SIGNED 6/8/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-9-1953		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery		24d. LOCATION (City, town, or county) (State) Boonville, Missouri	
DATE REC'D BY LOCAL REG. June 9 1953		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer 31-2		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parsons Funeral Service, Columbia, Mo.			

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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.....
Signature of Student Embalmer

Signed *M. W. Whitesides*

Licensed Embalmer No. *3893*

P. O. Address *Columbia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.