

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

941
0

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 402

1. PLACE OF DEATH a. COUNTY <u>ST FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST FRANCIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bonne Terre</u> OR TOWN <u>FARMINGTON</u>		c. CITY OR TOWN <u>FARMINGTON</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>		• STREET ADDRESS (If rural, give location) <u>09410</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GLADYS</u>	b. (Middle) <u>JAMIESON</u>	c. (Last) <u>OGLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 18, 1953</u>
---	-----------------------------	-----------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 11 - 1894</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>7</u> Min.
----------------------	-------------------------------	---	--	---	--	--------------------------------------

10a. USUAL OCCUPATION (It's kind of work done during most of working life, even if retired) <u>HOUSEKIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>De Soto, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	-----------------------------------	---	---

13a. FATHER'S NAME <u>EDWARD JAMIESON</u>	13b. MOTHER'S MAIDEN NAME <u>LENNA McCREERY</u>	14. NAME OF HUSBAND OR WIFE <u>CLARENCE OGLE</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Ogle, Farmington, Mo.</u> ADDRESS
--	-------------------------------------	---

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>traumatic shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Imperial MO.</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NOV. 18 1953 9:15 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>
---	---	---

22. I hereby certify that I attended the deceased from 11-18-53 to 11-18, 1953, that I last saw the deceased alive on 11-18, 1953, and that death occurred at 12:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George L. Watkins M.D.</u> (Degree or title)	23b. ADDRESS <u>Farmington Mo.</u>	23c. DATE SIGNED <u>11-27-53</u>
--	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-27-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>ST FRANCIS CO, MO.</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>NOV. 27, 1953</u>	REGISTRAR'S SIGNATURE <u>Ether Redloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. O. Seabam</u> ADDRESS <u>Bonne Terre, Mo.</u>
---	--	--

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

JUN 4 1954

FEB 23 1954

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.....


Licensed Embalmer No. 3376

P. O. Address Bonham

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.