

No. 300  
10. 48

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19688

State File No. 4322

Registrar's No. 39

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>MERCER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>PUTNAM</b>	
b. CITY OR TOWN <b>PRINCETON</b>		c. CITY OR TOWN <b>POWERSVILLE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LAMBERT HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>0864</b>	

3. NAME OF DECEASED a. (First) <b>FRED</b> b. (Middle) <b>BURAN</b> c. (Last) <b>OGLE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 21, 1954</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	
8. DATE OF BIRTH <b>Sept 29, 1890</b>		9. AGE (In years last birthday) <b>63</b>		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <b>8:22</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BELE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>PUTNAM Co. MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>					

13a. FATHER'S NAME <b>BEAL OGLE</b>		13b. MOTHER'S MAIDEN NAME <b>AMERICA BREWER</b>		14. NAME OF HUSBAND OR WIFE <b>MYRTLE OGLE</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MYRTLE OGLE, POWERSVILLE</b>	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardio-vascular syndrome</b> DUE TO (c) <b>5 years</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>443X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 Mar 1946, to June 21, 1954 that I last saw the deceased alive on June 21, 1954 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frederic Lambert M.D.</b>		23b. ADDRESS <b>Princeton Mo</b>		23c. DATE SIGNED <b>6/23/54</b>	
24a. BURIAL, CREMATION, OR DISPOSITION (Specify) <b>B.</b>		24b. DATE <b>June 24, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>POWERSVILLE Cem.</b>	
				24d. LOCATION (City, town, or county) (State) <b>POWERSVILLE MO.</b>	

DATE REC'D BY LOCAL REG. <b>6-25-54</b>		REGISTRAR'S SIGNATURE <b>Hall Mark</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.O. Hunter</b>		ADDRESS <b>Princeton Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....  
*Muel E. Husted*

Licensed Embalmer No.....  
*330*

P. O. Address.....  
*Unionville*

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.