

STANDARD CERTIFICATE OF DEATH

FILED JUL 21 1954

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. CITY OR TOWN <u>Waynesville</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>Waynesville General Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0850</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ephriam</u> b. (Middle) <u>Sylvester</u> c. (Last) <u>Ogle</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July</u> <u>10</u> , <u>1954</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>Dec. 14, 1895</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____	IF UNDER 1 HR. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Phinas S. Ogle</u>	13b. MOTHER'S MAIDEN NAME <u>Geneva Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Maude 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>489 16 3631</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maude Ogle</u>	ADDRESS <u>Waynesville, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</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"/>
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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) <u>Waynesville, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 7-7-, 1954 to 7-10-, 1954, that I last saw the deceased alive on 7-10-, 1954, and that death occurred at 9:45 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Miller M.D.</u>	23b. ADDRESS <u>Waynesville, Mo.</u>	23c. DATE SIGNED <u>7-12-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/12/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waynesville</u>	24d. LOCATION (City, town, or county) (State) <u>Waynesville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-12-54</u>	REGISTRAR'S SIGNATURE <u>Paula Ann Anderson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Walter Hedges</u>	ADDRESS <u>Hedges Funeral Homes Inc Iberia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-18-54  
Oulaski County Health Officer  
File Number  
Date Filed 7-17-54

JUL 22 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 *Clarence D. Moore*

Licensed Embalmer No. *4895*

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