No. 300
10.48

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3991

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 217

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 1 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Nebraska
b. COUNTY: Richardson
c. CITY OR TOWN: Dawson
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): ---- ---- 8260 8

3. NAME OF DECEASED (Type or Print): a. (First) Edmund b. (Middle) R. c. (Last) Ogle
4. DATE OF DEATH (Month) (Day) (Year): February 19, 1955
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 9, 1903
9. AGE (In years last birthday): 51 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agricultural & Stock
11. BIRTHPLACE (City and State or Foreign Country): Dawson, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: John Ogle
13b. MOTHER'S MAIDEN NAME: Fredericka Bruhn
14. NAME OF HUSBAND OR WIFE: Irene Ogle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ********
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Irene Ogle — ADDRESS: Dawson, Nebraska

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute generalized peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Acute hemorrhagic pancreatitis. — 36 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 5870

19a. DATE OF OPERATION: 2-19-55
19b. MAJOR FINDINGS OF OPERATION: Peritonitis; bloody peritoneal fluid
20. AUTOPSY? YES [X] NO [ ]
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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-18-, 1955, *to* 2-19-, 1955, *that I last saw the deceased alive on* 2-19-, 1955, *and that death occurred at* 2:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard S. Jack Jr., M.D.
23b. ADDRESS: 420 No. 8 ST. ST. Joseph, Mo.
23c. DATE SIGNED: 2-24-55
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Febr. 19, 1955
24c. NAME OF CEMETERY OR CREMATORY: Steele Cemetery
24d. LOCATION (City, town, or county) (State): Falls City, Nebraska.
DATE REC'D BY LOCAL REG.: Feb 28, 1955
REGISTRAR'S SIGNATURE: 485 Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE: Meierhoffer-Freeman Inc.
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 8 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by *** ****, Student Embalmer No.....

working under my personal supervision..

Student *** ****
Signature of Student Embalmer

Signed Elbert E. Harring

Licensed Embalmer No. 3258 Mo

P. O. Address St. Joseph, Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.