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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32649**

FILED NOV 15 1955

BIRTH NO. _____ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **4151** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY OR TOWN Steelville	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN steelville	d. Is 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		No. STREET ADDRESS (If rural, give location) 0200	

3. NAME OF DECEASED (Type or Print)	a. (First) Corbett	b. (Middle) C.	c. (Last) Ogle	4. DATE OF DEATH (Month) (Day) (Year) 10 - 21 - 55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-17-82	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 9 Days 4	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Dent County, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Wash Ogle	13b. MOTHER'S MAIDEN NAME Margaret Stafford	14. NAME OF HUSBAND OR WIFE
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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. 333-03-4492	17. INFORMANT'S SIGNATURE OR NAME Fred Ogle ADDRESS Steelville, Mo.
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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 3 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 490X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile debility			

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)
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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 **Oct 2, 1955**, to **Oct 21, 1955**, that I last saw the deceased alive on **Oct. 20, 1955**, and that death occurred at **5 A m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Steelville Mo	23c. DATE SIGNED 10/29/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-23-55	24c. NAME OF CEMETERY OR CREMATORY Steelville Cemetery	24d. LOCATION (City, town, or county) (State) Steelville Mo.
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DATE REC'D BY LOCAL REG. 11/12/55	REGISTRAR'S SIGNATURE Mrs. Hazel Lichka	25. FUNERAL DIRECTOR'S SIGNATURE Harry M. Jonas ADDRESS Steelville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

956: 9 1 ADM

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 *Henry M. Jones*.....
Licensed Embalmer No. 262

P. O. Address Steelville

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.