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R.# 12036 SL-7745

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38702**  
Registrar's No. **10127**

BIRTH NO. FILED DEC 2 1955 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>915 N. Grand, St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>21 Days</b>		c. CITY OR TOWN <b>HEMATITE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>0500</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>OTTO</b>		b. (Middle) <b>(N)</b>	
		c. (Last) <b>OGLE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-19-55</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>9-19-1889</b>	
9. AGE (In years last birthday) <b>66</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	
11. BIRTHPLACE (City and State or Foreign Country) <b>Hillsboro, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Robert Ogle</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Williams</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-1</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA Hosp. Records 915 N. Grand St. Louis, Mo.</b>	
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) <b>Carcinoma of the Stomach</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b) _____  DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
19a. DATE OF OPERATION <b>11-15-55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of the Stomach</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <b>10-29</b> , 19 <b>55</b> , to <b>11-19</b> , 19 <b>55</b> , <del>not before or after</del> and that death occurred at <b>9:30 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>D. ROTH J. Roth M.D.</b>		23b. ADDRESS <b>VAH, 915 N. Grand St. Louis, Mo.</b>		23c. DATE SIGNED <b>11-19-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Nov. 20, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HILLSBORO</b>	
24d. LOCATION (City, town, or county) (State) <b>HILLSBORO MO.</b>		24e. REGISTRAR'S SIGNATURE <i>Carl Smith</i>		24f. FUNERAL DIRECTOR'S SIGNATURE <i>W. A. Donnell</i>	
DATE REC'D BY LOCAL REG. <b>NOV 21 1955</b>		25. FUNERAL DIRECTOR'S ADDRESS		3. (Licensed Embalmer's Statement on Reverse Side)	

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. 410

P. O. Address.....

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