

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2092

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 2

1. PLACE OF DEATH a. CITY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville		c. LENGTH OF STAY (in this place) 14 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION West Hudson Street		d. STREET ADDRESS (If rural, give location) West Hudson Street	
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS		b. (Middle) EDWARD	
		c. (Last) OGDEN	
5. SEX Male		6. COLOR OR RACE White	
		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 27 1873		9. AGE (In years last birthday) 82	
		10. UNDER 1 YEAR I MONTHS	
		11. UNDER 18 HRS. I HOURS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Granite Engraver		10b. KIND OF BUSINESS OR INDUSTRY Engraving	
11. BIRTHPLACE (City and State or Foreign Country) Montgomery County Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME George Ogden		13b. MOTHER'S MAIDEN NAME Don't know	
14. NAME OF HUSBAND OR WIFE Mrs. Della Ogden			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 491-05-7649	
		17. INFORMANT'S SIGNATURE OR NAME Mrs Della Ogden - Wellsville Mo	
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) Influenza 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. 481X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 Jan 21, 1956 , to Jan 24, 1956 that I last saw the deceased alive on Jan 24, 1956 and that death occurred at 8:00 pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) Willis H. Walla MD		23b. ADDRESS Wellsville	
		23c. DATE SIGNED Jan 24, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/31/56	
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Mexico, Audrain, Mo.	
DATE REC'D BY LOCAL REG. 1-30-56		REGISTRAR'S SIGNATURE 524 Mrs. Gertrude Romano	
		25. FUNERAL DIRECTOR'S SIGNATURE W B Kulla ADDRESS Wellsville Mo	

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
Student Embalmer

Signed *A. B. Kells*

Licensed Embalmer No. *1588*

P. O. Address *Hellerille 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 this body is not embalmed, fact should be so stated above.