

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4538

State File No.

BIRTH: **FILED FEB 16 1956** REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 19

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Howard</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette Mo</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Randolph</u>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higbee Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rhodes Rest Home.</u>		d. STREET ADDRESS (If rural, give location) <u>0880</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle)	c. (Last) <u>Ongley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2 1956</u>
--	---------------------------	-------------	----------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 12 1871</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>William Walton</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wonders</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Ongley</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/> Yes	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr Rolland Walton</u>	ADDRESS <u>Onawa Iowa</u>
--	---	--	-------------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>undetermined cause</u> DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	--

21a. ACCIDENT? (Specify) <u>Natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Higbee Mo</u>
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 1954</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7:20 a.m.</u>
--	---	---

22. I hereby certify that I attended the deceased from July 1954, to Feb 2, 1956, that I last saw the deceased alive on Feb 2, 1956, and that death occurred at 8:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm G. Shaw, Jr M.D.</u>	23b. ADDRESS <u>Lee Hospital, Fayette Mo</u>	23c. DATE SIGNED <u>2-7-56</u>
---	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 4 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	24d. LOCATION (City, town, or county) (State) <u>Higbee Mo</u>
---	---------------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>2-10-56</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Burton Funeral Home</u>	ADDRESS <u>Higbee Mo</u>
---	--	---	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

9.300
0.48

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 W. Friemuth

Licensed Embalmer No. 3978

P. O. Address Glasgow N

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.