FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2483
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joe Club — Length of stay in 1b: 3 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: Bonne Terre — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 207 E School — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Clarence Middle: Leslie Last: Ogle

4. DATE OF DEATH Month: Jan. Day: 24 Year: 1957

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐

8. DATE OF BIRTH: Sept 13 - 1894 **9. AGE** (In years last birthday): 62 IF UNDER 1 YEAR: Months 4 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant **10b. KIND OF BUSINESS OR INDUSTRY:** Lead Mining **11. BIRTHPLACE** (City and state or country): House Springs, Mo. **12. CITIZEN OF WHAT COUNTRY?** US

13. FATHER'S NAME: Nathaniel Ogle **14. MOTHER'S MAIDEN NAME:** Louisa Helterbrand

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** 490 03 1295 **17. INFORMANT** Address: John Braswell, Bonne Terre, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Infarction myocardium — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic coronary thrombosis. — 2½ years
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from July, 1954, to Aug., 1956 and last saw him alive on 8-29-56
Death occurred at 6:50 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **22b. ADDRESS:** Bonne Terre, Missouri **22c. DATE SIGNED:** 1-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** 1/27/1957 **23c. NAME OF CEMETERY OR CREMATORY:** St. Francois Mem. Park **23d. LOCATION** (City, town, or county) (State): Bonne Terre, Mo.

24. FUNERAL DIRECTOR ADDRESS: Boyer - Benham Bonne Terre, Mo **25. DATE RECD. BY LOCAL REG.:** Jan. 25, 1957 **26. REGISTRAR'S SIGNATURE:** Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casualty related. Coroner cannot certify to a death due to natural causes.

FEB 6 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed S. T. Soyer

Licensed Embalmer No. 36

P. O. Address Donne T

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