

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1755

State File No.

FILED JAN 29 1958

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>160</u> | | PRIMARY REG. DIST. NO. <u>559V</u> | | Registrar's No. <u>11</u> | |
| 1. PLACE OF DEATH a. COUNTY JEFFERSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY JEFFERSON | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN RURAL JOACHIM) | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN FESTUS | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION NONE | | | | e. STREET ADDRESS (If rural, give location) R#2 0500 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ERNEST | | b. (Middle) L. | | c. (Last) OGLE | | 4. DATE OF DEATH (Month) (Day) (Year) 1-17-58 | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH 7-1,-1893 | |
| 9. AGE (In years last birthday) 64 | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GLASS WORKER | | 10b. KIND OF BUSINESS OR INDUSTRY P.P.G. CO. | | 11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON COUNTY, MO. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME JAMES OGLE | | 13b. MOTHER'S MAIDEN NAME MARY ANN GOODMAN | | 14. NAME OF HUSBAND OR WIFE EMMA F. | | | |
| 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. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS ERNEST OGLE FESTUS, MO. R#2 | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u> 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. <u>Emphysema - old tumor</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? <u>2</u> 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) <u>4222</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 <u>Aug 1957</u> , to <u>1.17</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1.17</u> , 19 <u>58</u> , and that death occurred at <u>4:45 Am.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Arthur B. Swany M.D.</u> | | | | 23b. ADDRESS <u>3032 W. Main St.</u> | | 23c. DATE SIGNED <u>1-18-58</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 1-19-58 | | 24c. NAME OF CEMETERY OR CREMATORY GAMEL CEMETERY | | 24d. LOCATION (City, town, or county) (State) FESTUS, MO. | |
| DATE REC'D BY LOCAL REG. <u>1-17-58</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GENTRY R. POLITTE CRYSTAL CITY, MO. | | | |

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JAN 21 1958

FEB 13 1958

APR 18 1958

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 *Georger R. Palitto*

Licensed Embalmer No. *34*

P. O. Address *Crystal*

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.