

FILED MAR 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009444

STATE FILE NUMBER

Registration District No. 113 Primary Registration District No. 5730 Registrar's No. 655

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Franklin</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Clair,</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Franklin</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		Length of stay in 1b		c. CITY OR TOWN <u>St. Clair,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>MINNIE</u>		Middle <u>ELLEN</u>		Last <u>OGLE</u>		Month Day Year <u>3-14-58</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 12, 1886</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 <u>House-wife</u>		9. AGE (In years last birthday) <u>72</u>		11. BIRTHPLACE (City and state or country) <u>Jefferson County O</u>	
13. FATHER'S NAME <u>Thomes Jefferson Williams</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none none</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>B. J. Ogle</u> Address <u>St. Clair, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Atherosclerotic Cardiovascular Disease</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Cerebral Vascular Disease (Thrombosis) 6 weeks</u>							INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> <u>Years</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE				
21. I attended the deceased from <u>January 20-58</u> to <u>March 14-58</u> and last saw her <u>Mar 13-1958</u> alive on <u>Mar 13-1958</u> Death occurred at <u>9:04</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Robert J. Sullivan M.D.</u>				22b. ADDRESS <u>Sullivan, Missouri</u>		22c. DATE SIGNED <u>Mar. 15-58</u>	
23a. BURIAL, CREMATION, REMOVAL (S, C, R)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Mar. 16, 1958</u>		<u>I. O. O. F. Cem.</u>		<u>Sullivan, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Sherrill W. Mitchell St. Clair Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Mar 16-58</u>		26. REGISTRAR'S SIGNATURE <u>Floyd Williams</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

MEDICAL CERTIFICATION

DISEASES IN PART I MUST BE CAUSALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.

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 *Sheswood W. Kitchell*

Licensed Embalmer No. *38*

P. O. Address *St. Clair*

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.