

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017013

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY Scott					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sikeston,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Resident			Length of stay in 1b 64yr		d. STREET ADDRESS (If outside, give location) 332 N. Westgate St			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Chillie Middle G. Last Oglin				4. DATE OF DEATH Month 4 Day 7 Year 1958					
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 28, 1894		9. AGE (In years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXXXX			10b. KIND OF BUSINESS OR INDUSTRY Common Labor		11. BIRTHPLACE (City and state or country) Sikeston, Missouri			12. CITIZEN OF WHAT COUNTRY? U, S, A	
13. FATHER'S NAME Wash Oglin				14. MOTHER'S MAIDEN NAME Katie Oglin					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes			16. SOCIAL SECURITY NO. 489, 40, 2052		17. INFORMANT Katie Oglin			Address 332 N. Westgate St	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-sclerotic Cardio-Vascular disease								INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								4221	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ to 4-7-58 and last saw ^{him} alive on 4-7-58 Death occurred at 8 PM m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Alden Sargent M.D. (Degree or title)				22b. ADDRESS Sikeston Mo				22c. DATE SIGNED 4-7-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 4-13-58		23c. NAME OF CEMETERY OR CREMATORY Smith West End Court		23d. LOCATION (City, town, or county) West of Sikeston Mo.		(State)	
24. FUNERAL DIRECTOR Fred J. Smith			ADDRESS 1212 Maud St.		25. DATE RECD. BY LOCAL REG. 4-8-58		26. REGISTRAR'S SIGNATURE Max E. Hunter		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED APR 14 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 458-91

APR 22 1958

MAY 8 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 *Fred J. Smith*.....

Licensed Embalmer No. *440*

P. O. Address *Sikeston*

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.