

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035111

STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2342

1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Hematite</b> 0510
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hwy. 61-67 1/2 Mi. S. Meville</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Norvel</b> Middle <b>Leslie</b> Last <b>Ogle</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>11</b> Year <b>1958</b>		
--	--	--	---	--	--

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 11, 1924</b>	9. AGE (In years last birthday) <b>34</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
-----------------	---------------------------	---	---	---	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Truck Transport Co.</b>	11. BIRTHPLACE (City and state or country) <b>Hematite, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	--	---	--	--

13a. FATHER'S NAME <b>Marshall Ogle</b>	13b. MOTHER'S MAIDEN NAME <b>Eva Null</b>	14. NAME OF HUSBAND OR WIFE <b>Betty Holdinghausen</b>
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>495-22-1244</b>	17. INFORMANT <b>Mrs. Betty Ogle</b> Address <b>Hematite, Mo.</b>
--	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Trauma compatible with auto accident</b>		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) _____ 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 checked="" 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.) <b>Driver of tractor-trailer involved in collision with auto</b>
--	--

20c. TIME OF INJURY <b>2:10 a.m. 7/11/58</b>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>highway</b>	20f. CITY, TOWN, OR LOCATION <b>Rural</b>	COUNTY <b>St. Louis</b>	STATE <b>Mo.</b>
---	---	--	--	----------------------------	---------------------

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Raymond A. Hain</i> (Degree or title) <b>Coroner 3</b>	22b. ADDRESS <b>Clayton, Mo.</b>	22c. DATE SIGNED <b>9/15/58</b>
--	-------------------------------------	------------------------------------

23a. DATE <b>Sept. 13, 1958</b>	23b. NAME OF CEMETERY OR CREMATORY <b>Methodist Cemetery</b>	23c. LOCATION (City, town, or county) (State) <b>Hematite, Mo.</b>
------------------------------------	---	---

24. FUNERAL DIRECTOR <b>Vinyard Funeral Home Festus, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-11-58</b>	26. REGISTRAR'S SIGNATURE <i>Walter R. Dornick M.D.</i>
---	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

300  
1-57

MEDICAL CERTIFICATION

OCT 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 *Ronald Wenzel* ..... Licensed Embalmer No. *4608* P. O. Address *Festus, Mo*

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.