Health, Welfare Public Service

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-036234

FILED OCT 20 1958 Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY Iron	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN 0470 Rural-Arcadia — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Home for Aged Baptists — Length of stay in 1b 3yr. 9mo. 17da.	d. STREET ADDRESS (If outside, give location) 1½ mi. E. on Hwy. 70 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: William	Middle: Edwin	Last: Ogle	4. DATE OF DEATH	Month: Sept. Day: 30 Year: 1958
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH: July 12, 1872	9. AGE (In years last birthday): 86	IF UNDER 1 YEAR: Months 2 Days 18 — IF UNDER 24 HRS.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country): House Springs, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: Nathaniel Sylvestor Ogle			14. MOTHER'S MAIDEN NAME: Louisa Hilderbrand		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: none	17. INFORMANT: Dolores Weiss, Ironton, 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) Arteriosclerotic heart disease. — INTERVAL BETWEEN ONSET AND DEATH: 1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 4200

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 ☐ NO ☒

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 9-15-58, to 10-2-58 and last saw her/him alive on 9-25-58. Death occurred at 12:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marvin C. Menne, MD

22b. ADDRESS: 109 N. Main, Ironton, Missouri

22c. DATE SIGNED: 10-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 10-3-58

23c. NAME OF CEMETERY OR CREMATORY: Home Cemetery

23d. LOCATION (City, town, or county) (State): Ironton Mo.

24. FUNERAL DIRECTOR ADDRESS: White Funeral Home, Ironton Mo.

25. DATE RECD. BY LOCAL REG.: 10-4-58

26. REGISTRAR'S SIGNATURE: Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

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 ....Max N. White....., Student Embalmer No....5

working under my personal supervision.

Student ....Max N. White.....
Signature of Student Embalmer

Signed Arcely White.....

Licensed Embalmer No. 30

P. O. Address Ironton

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.