

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-024899**

**FILED VS AUG 1 0 1959**

Registration District No. 137 Primary Registration District No. 3025 Registrar's No. 199

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Henry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>		Length of stay in lb <b>1 year</b>	c. CITY OR TOWN <b>Clinton</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Forest Nursing Home</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Central Hotel</b>	
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>H</b> Last <b>Ogan</b>			4. DATE OF DEATH Month <b>August</b> Day <b>4</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/23/1876</b>	9. AGE (last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Water Service</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and state or country) <b>Montrose, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Simon Peter Ogan</b>		13b. MOTHER'S MAIDEN NAME <b>Emily Jane Studyvin</b>		14. NAME OF HUSBAND OR WIFE <b>Bernice (Deceased)</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>Unknown</b>	17. INFORMANT <b>Emma Walton 23 So. 11th K.C. Kansas</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>Pulmonary Edema</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Hr</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Lobar Pneumonia</b>			<b>days</b>		
DUE TO (c) <b>Cerebro Vascular Thrombosis</b>			<b>wks. yrs.</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Glomerulo nephritis and Uremia</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 <b>3:10 PM</b> a.m. p.m.		Month, Day, Year <b>July 24, 59</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>8-4-59</b>
21. I attended the deceased from <b>July 24, 59</b> to <b>8-4-59</b> and last saw him alive on <b>8-4-59</b> Death occurred at <b>3:10 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Arturo Gonzalez</b>		22b. ADDRESS <b>717 E. Jefferson Clinton</b>		22c. DATE SIGNED <b>8-4-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>August 5, 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	23d. LOCATION (City, town, or county) <b>Kansas City, Kansas</b>	(State)	
24. FUNERAL DIRECTOR <b>Porter and Sons Kansas City, Kan.</b>			25. DATE RECD. BY LOCAL REG. <b>8-5-59</b>	26. REGISTRAR'S SIGNATURE <b>Waldred Bigum</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Eugene R. Conca

Licensed Embalmer No. 468

P. O. Address Clinton

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.