

FILED VS OCT 22 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-035551

STATE FILE NUMBER
118

Registration District No. 73 Primary Registration District No. 5291 Registrar's No.

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY CLAY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. MISSOURI b. COUNTY CARROLLTON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give hospital or institution) Old Fellow Hosp.		Length of stay in hospital 10 months		d. STREET ADDRESS 6033 WALNUT		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Lena Middle Olga Last Ogata				4. DATE OF DEATH Month Oct Day 2 Year 1959					
5. SEX Female		6. COLOR OR RACE w		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Approx. 79			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) INDIANA, U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Jacob FriedMAN			13b. MOTHER'S MAIDEN NAME Jennie FriedMAN			14. NAME OF HUSBAND OR WIFE William O'GATA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) No			16. SOCIAL SECURITY NO. -		17. INFORMANT Joe Friedman - 6033 WALNUT		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis						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) _____									
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 <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 Oct 6 '58 to Oct 20 '59 and last saw her alive on Oct 2 '59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated									
22a. SIGNATURE Wm. Goodron (Degree or title) MD				22b. ADDRESS Liberty Mo				22c. DATE SIGNED 10/3/59	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 10/6/59		23c. NAME OF CEMETERY OR CREMATORY Sheffield Cemetery		23d. LOCATION (City, town, or county) KANSAS CITY, Mo		(State)	
24. FUNERAL DIRECTOR J.P. Louis Funeral Home ADDRESS K.C. Mo			25. DATE RECD. BY LOCAL REG. 10-7-59		26. REGISTRAR'S SIGNATURE Mabel Strahan				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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JAN 26 1960

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 Guy Buffington

Licensed Embalmer No. 2756

P. O. Address KS 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.