

FEDERAL BUREAU OF INVESTIGATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-040267

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5767

UNRECORDED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 4 hours		c. CITY OR TOWN Fairway Manor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5240 Reinhardt			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RIAL R. OGLEVIE				4. DATE OF DEATH Month Day Year Nov. 25, 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-8-1897	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor			10b. KIND OF BUSINESS OR INDUSTRY Medical		11. BIRTHPLACE (City and state or country) Burr Oak, Kansas		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Lester W. Oglevie			13b. MOTHER'S MAIDEN NAME Alice Richardson			14. NAME OF HUSBAND OR WIFE Geraldine Oglevie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 493-34-7421		17. INFORMANT Gerald Oglevie		Address 5240 Reinhardt	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction						INTERVAL BETWEEN ONSET AND DEATH 4 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Coronary Thrombosis						DUE TO (c) Arteriosclerotic Heart Disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 a.m. p.m. Month, Day, Year		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 June 1950 to 11/25/59 and last saw him alive on 11/25/59 Death occurred at 6:55PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert W. Hamill M.D. (Degree or title)				22b. ADDRESS 4620 J.C. Nicolls Park Ct. Mo.		22c. DATE SIGNED 11-27-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-28-59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) Kansas City, Mo.		(State)
24. FUNERAL DIRECTOR Melody-McGilley-Eylar ADDRESS 1800 Linwood			25. DATE RECD. BY LOCAL REG. 11-30-59		26. REGISTRAR'S SIGNATURE Neva Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Handwritten notes:
10/20/20
10/20/20

STATEMENT BY LICENSED EMBALMER

(No. 11111)

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 James E. Hackler

Licensed Embalmer No. 4573

P. O. Address K.C. 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.