

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004822

FILED VS JAN 26 1960 53

Registration District No. _____ Primary Registration District No. 6196 Registrar's No. 1 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sherrill</u>	Length of stay in 1b <u>3 yrs</u>	c. CITY OR TOWN <u>Licking</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>✓</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Luther Virgil Ogden</u>			4. DATE OF DEATH Month Day Year <u>1-18, 1960</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-2-1899</u>	9. AGE (last birthday) <u>61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and state or country) <u>Licking Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Herbert Ogden</u>		13b. MOTHER'S MAIDEN NAME <u>Alvitta Hassell</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Louise Ogden</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-10-2829A</u>	17. INFORMANT <u>Bertha Louise Ogden Maple Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Cardiac + pulmonary arrest.</u>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	<u>congestive heart disease.</u>	
DUE TO (b)	<u>arteriosclerotic heart disease.</u>	<u>2 weeks.</u>
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>complicated by virus influenza</u>		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 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 1-4-60, to 1-18-60 and last saw ^{him} alive on 1-18-60.
Death occurred at 12:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>B. J. Myers MD.</u>	(Degree or title)	22b. ADDRESS <u>Licking, Mo</u>	22c. DATE SIGNED <u>1-22-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1-21-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Zion Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Denton Mo</u>
24. FUNERAL DIRECTOR <u>Smith & Ferguson</u>	ADDRESS <u>Licking, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>22, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Bluero Hesse</u>

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 Erbert E Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking

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.