

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041045

FILED VS DEC 5 1960 38

Registrar District No. 3006 Primary Registration District No. 3006 Registrar's No. 670

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Bonne				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in lb		c. CITY OR TOWN Columbia		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 408 N Williams			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 408 N. Williams		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First SUSIE Middle AMANDA Last OGAN				4. DATE OF DEATH Month November Day 30 Year 1960									
5. SEX Female		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 6-1-1880		9. AGE (last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY At Home			11. BIRTHPLACE (City and state or country) Milan, Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME A.E. Sears				13b. MOTHER'S MAIDEN NAME Annie Eliza Scott				14. NAME OF HUSBAND OR WIFE William E. Ogan					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. -		17. INFORMANT Address Clifford E. Ogan, Columbia, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion suspected										INTERVAL BETWEEN ONSET AND DEATH 2 Min.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis										Years			
DUE TO (c) Arteriosclerotic heart disease Congestive heart failure										Years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis								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 Month, Day, Year a.m. p.m.													
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 27 Nov. 1960 to 30 Nov. 1960 and last saw her alive on 27 Nov 1960 Death occurred at 7:35 P. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>Shirley Logan</i>						22b. ADDRESS Columbia, Mo. 1502 E. Bdwy.			22c. DATE SIGNED 11/30/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-1-1960		23c. NAME OF CEMETERY OR CREMATORY Milan, Mo.				23d. LOCATION (City, town, or county) (State)					
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. Dec 1 1960		26. REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>					

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 George A. Kemp

Licensed Embalmer No. 4752

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.