MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-001761
STATE FILE NUMBER

AMENDED FILED VS JAN 10 1961

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 26

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: INDEPENDENCE — Length of stay in 1b: 19 YEARS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): INDEP SANITARIUM — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: INDEPENDENCE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1920 EVANSTON — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GUSSIE Middle ELIZABETH Last OGDEN
4. DATE OF DEATH: Month JANUARY Day 5, Year 1961

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-26-1875
9. AGE (last birthday): 85 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and state or country): CLINTON, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: ANDREW HUTCHINS
13b. MOTHER'S MAIDEN NAME: EMMA HOOD
14. NAME OF HUSBAND OR WIFE: CORDAMON A. OGDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS. CAROLYN GRABB — Address: 1920 EVANSTON

MEDICAL CERTIFICATION

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: 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — unknown
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1951, to Present and last saw her/him alive on 1/5/61
Death occurred at 7:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. B. Haltown
22b. ADDRESS: Independence Mo.
22c. DATE SIGNED: 1/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 1-7-61
23c. NAME OF CEMETERY OR CREMATORY: LYONS CEMETERY
23d. LOCATION (City, town, or county) (State): LYONS, KANSAS

24. FUNERAL DIRECTOR — ADDRESS: C.H. BLACKMAN & SON INC. K.C., MO.
25. DATE RECD. BY LOCAL REG.: 1-7-61
26. REGISTRAR'S SIGNATURE: James Craig

(Licensed Embalmer's Statement on Reverse Side)

Dr. Holton
10901 Winner Rd.

FEB 24 1967

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 Bert B. Bennett

Licensed Embalmer No. 4656

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.