

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014491

STATE FILE NUMBER

AMENDED **FILED MAY 12 1961** Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 168

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| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Pike</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u> | | c. CITY OR TOWN <u>Barry</u> | |
| Length of stay in 1b <u>3 days</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 <u>Levering Hospital</u> | | d. STREET ADDRESS (If outside, give location) | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Henry</u> Last <u>Ogle</u> | | | 4. DATE OF DEATH Month <u>May</u> Day <u>5</u> Year <u>1961</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</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>Oct. 4, 1882</u> | 9. AGE (last birthday) <u>78</u> | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant Grocery</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u> | | 11. BIRTHPLACE (City and state or country) <u>Rockport Illinois</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U. S.</u> | | 13a. FATHER'S NAME <u>Alexander Ogle</u> | | 13b. MOTHER'S MAIDEN NAME <u>Frances Doene</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Ola Ogle</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>No</u> | | | |
| 16. INFORMANT <u>Lois Ogle Ulrich 1629 W. Gilbert</u> | | 17. ADDRESS <u>Peoria, Illinois</u> | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular accident, acute</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> |
| 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) <u>43 hrs. post-operative inguinal hernia, basal cell CA lip</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 |

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| 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 <u>Barry, Illinois</u> | |

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| 21. I attended the deceased from <u>5/1/61</u> to <u>5/5/61</u> and last saw her/him alive on <u>5/5/61</u> Death occurred at <u>5:40 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Degree or title) <u>T. E. Dultzman M.D. F.O.C. &</u> | 22b. ADDRESS <u>115 N. 5th St. Hannibal, Mo.</u> | 22c. DATE SIGNED <u>5/6/61</u> |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5/7/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn</u> | 23d. LOCATION (City, town, or county) (State) <u>Barry, Illinois</u> |
| 24. FUNERAL DIRECTOR <u>Thos. N. Lock, Barry, Illinois</u> | | 25. DATE RECD. BY LOCAL REG. <u>5/8/61</u> | 26. REGISTRAR'S SIGNATURE <u>E. M. Luede</u> |

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 6982

P. O. Address Barry, Illinois

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.