

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024996  
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 77

AMENDED

FILED JUL 31 1961

1. PLACE OF DEATH a. COUNTY <u>Iron</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Viburnum Ironton</u> Length of stay in 1b <u>10</u> yrs		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> c. CITY OR TOWN <u>Viburnum</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>XX</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Eliza</u> Middle <u>Marish</u> Last <u>Ogle</u>			4. DATE OF DEATH Month <u>July</u> Day <u>20</u> Year <u>1961</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-15-68</u>
9. AGE (last birthday) <u>92</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and state or country) <u>Crawford Co Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Andrew J Mincher</u>	
13b. MOTHER'S MAIDEN NAME <u>Catherine Borden</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel 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>		16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT <u>Ogle</u> Address <u>Theodor <del>Viburnum</del> Viburnum Mo</u>
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>Pulmonary Embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fracture, rt. hip</u> DUE TO (c) <u>Atrial sclerosis, general</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>7 days</u> <u>25 years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Fell, struck rt. hip</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	
20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>7-13-61</u> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At home</u>		20f. CITY, TOWN, OR LOCATION <u>Viburnum</u> COUNTY <u>Iron</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>7-13-61</u> to <u>7-20-61</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>7-20-61</u> Death occurred at <u>8:20 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ben M. Bull, M.D.</u>		22b. ADDRESS <u>Viburnum, Mo.</u>	
22c. DATE SIGNED <u>7-22-61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>7-23-61</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Viburne Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Viburnum Crawford Co Mo</u>	
24. FUNERAL DIRECTOR <u>Spencer Funeral Home Inc</u> ADDRESS <u>  </u>		25. DATE RECD. BY LOCAL REG. <u>7-22-61</u>	
		26. REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

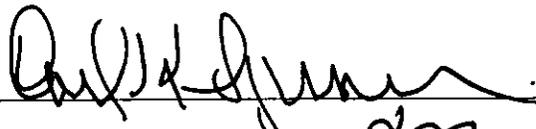
ITEM NO.

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer (No) 2370

P. O. Address Salmon

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.