MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-006972
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 33

FILED MAR 14 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Joachim — Length of stay in 1b 7 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. View Conv. Home — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jefferson
c. CITY OR TOWN Hematite — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) none — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Winnie Middle – Last Ogle
4. DATE OF DEATH Month 3 Day – Year 3-1962
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3/8/1873
9. AGE (last birthday) 88 — 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 Own Home
11. BIRTHPLACE (City and state or country) Brubville, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Seth W. McKee
13b. MOTHER'S MAIDEN NAME Millie Wilson
14. NAME OF HUSBAND OR WIFE Monroe Ogle
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 Raymond M. Ogle, Address 5234 Alabama, St. Louis

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 24hrs.
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) Cardio Vascular Disease
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

X 21. I attended the deceased from 1-4-62, to 3-3-62 and last saw her/him alive on 3-3-62
Death occurred at 4:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS 112 Mississippi Ave Crystal City Mo
22c. DATE SIGNED X 3-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/4/1962
23c. NAME OF CEMETERY OR CREMATORY Methodist
23d. LOCATION (City, town, or county) (State) Hematite, Mo.

24. FUNERAL DIRECTOR ADDRESS Vinyard Funeral Home, Inc., Festus, Mo.
25. DATE RECD. BY LOCAL REG. 3-5-62
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

MAR 14 1962

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 Donald H Wingard

Licensed Embalmer No. H608

P. O. Address Festus, 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.