MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022829

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 91

FILED JUL 6 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0470
2	0470
3	
4	1
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12	86-0
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USE BLACK INK OR TYPEWRITER RIBBON

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: Iron

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Iron

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural-Arcadia — Length of stay in lb: 7yr.6mo.9da

c. CITY OR TOWN: Rural-Arcadia — Inside Limits: Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: The Home for Aged Baptists — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): 1½mi.E. on Hwy. 72 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Kitha — Middle — Last Ogle

4. DATE OF DEATH: Month June 22, Day 1962, Year

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 1/5/1881

9. AGE (last birthday): 81

IF UNDER 1 YEAR: Months 5 Days 17 — 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): unkown

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Alfred Mayfield

13b. MOTHER'S MAIDEN NAME: Sarah Mayfield

14. NAME OF HUSBAND OR WIFE: William Ogle

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.: none

17. INFORMANT: Dolores Weiss, Address: Ironton, 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): cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

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)

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 Dec.13,1954, to June 22,1962 and last saw her/him alive on June 21, 1962

Death occurred at 11:55 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marvin C. Minne MD

22b. ADDRESS: Ironton, Missouri

22c. DATE SIGNED: 6-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 6/25/1962

23c. NAME OF CEMETERY OR CREMATORY: Baptist Home Cemetery

23d. LOCATION (City, town, or county) (State): Ironton, Missouri

24. FUNERAL DIRECTOR — ADDRESS: White Funeral Home, Ironton, Mo. Lyle H. White

25. DATE RECD. BY LOCAL REG.: 6-25-62

26. REGISTRAR'S SIGNATURE: Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

Permit obtained June 25, 1962

VS JUL 8 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 Lyle N. White

Licensed Embalmer No. 4295

P. O. Address Gronton, 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.