

REC'D JUL 7 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
23171
Do not use this space.

1. PLACE OF DEATH

 (a) County Vernon Registration District No. 875
 (b) Township Washington Primary Registration District No. 6162
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 11 ds. (f) How long in U. S., If of foreign birth? yrs. mos. ds.
Registered No. 145

2. PRINT FULL NAME

 (a) Residence, No. State Hospital # 3 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>2</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 17, 1855</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>1</u>	DAYS <u>25</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>glass blower</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>? Ohio</u>		
FATHER	13. NAME <u>John M. Ogilbee</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Hulda Lashley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Mrs. Ella Dutton</u> (ADDRESS) <u>Seneca, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Seneca Mo.</u> DATE <u>6-13</u> 19 <u>38</u>		
19. FUNERAL DIRECTOR <u>B. W. Bugard</u> (ADDRESS) <u>Seneca Mo.</u>		
20. FILED <u>6-11</u> 19 <u>38</u> <u>Allen E. Taylor</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 11, 1938</u>
22. I HEREBY CERTIFY That I attended deceased from <u>May 31</u> , 19 <u>38</u> , to <u>June 11</u> , 19 <u>38</u> I last saw him alive on 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>1:15 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Arteriosclerosis</u> <u>108</u> Other contributory causes of importance: <u>lobar pneumonia (hypostatic) 10 days</u>
Name of operation <u>none</u> Date of What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Nature of injury
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify (Signed) <u>J. J. O'Dell</u> , M. D. <u>Seneca Mo.</u> (Address)

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)