

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11560

State File No. \_\_\_\_\_

Registration District No. ADV 11939

Primary Registration District No. 4983-5848 Registrar's No. 6

1. PLACE OF DEATH:

(a) County OSAGE

(b) City or town Rural Stanton Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Chamois, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 82 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. Chamois, Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Lydia Caroline Bogle

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Bogle 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 1, 1858  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 4th  
year 1941 hour 8 O'Clock P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on 4-4, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>82</u>	<u>9</u>	<u>3</u>	hr. min.
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9. Birthplace Osage County Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

Immediate cause of death:  
1 Branchial pneumonia  
2 Chronic myocarditis  
3 Chronic nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 12/18

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Clark

{ 13. Birthplace Osage County Missouri 0  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Liza Simpson

{ 15. Birthplace Osage County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss. Cora Bogle

(b) Address Chamois, Mo.

17. (a) Burial (b) Date thereof 4-7-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lane Cemetary

18. (a) Signature of funeral director Morton Funeral Home

(b) Address Box 144, Linn, Mo.

19. (a) 4-7-41 (b) Eatherine Linder  
(Date received local registrar) (Registrar's signature)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature W. D. [unclear] (M. D. or other) 0

Address Chamois, Mo. Date signed 4-7-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Vernon Morton

Licensed Embalmer No. 4125

P. O. Address. Linn 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 this body is not embalmed, above space should be left blank.**