.S. No. 300
EV. 10-48

FILED NOV 5 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 33955

BIRTH NO. ____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4451

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

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): Mon Resident
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1738 Grand Ave.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3225 No. 28th St.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Marvin
b. (Middle): Chas.
c. (Last): Ogden

**4. DATE OF DEATH** (Month) (Day) (Year): 10-17-49

**5. SEX:** Male
**6. COLOR OR RACE:** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH:** Aug. 25, 1902
**9. AGE** (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Filling Station
**10b. KIND OF BUSINESS OR INDUSTRY:** Tankar S. Sta.
**11. BIRTHPLACE** (State or foreign country): K.C. Kan.
**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13a. FATHER'S NAME:** Joseph Ogden
**13b. MOTHER'S MAIDEN NAME:** Anne Huckleby
**14. NAME OF HUSBAND OR WIFE:** Jewell Ogden

**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.:** 492-18-6628
**17. INFORMANT'S SIGNATURE OR NAME:** Jewell Ogden — ADDRESS: Same

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of Death Unknown — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death:* Hist of Failing Heart — 1824

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION:** Refused Last Permit
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Natural ?
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

**22.** *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Hugh H. Owens — Hugh H. Owens Carrier
**23b. ADDRESS:** 1034 Grattoblda
**23c. DATE SIGNED:** 10-17-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE:** 10-19/49
**24c. NAME OF CEMETERY OR CREMATORY:** Mem. Park Cemetery
**24d. LOCATION** (City, town, or county) (State): Kansas City, Kansas

**DATE REC'D BY LOCAL REG.:** 10-18-49
**REGISTRAR'S SIGNATURE:** Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE:** Eads Bros. Funeral Home — ADDRESS: 1416 Minn, Kansas City, Kan.

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 8 1951

## 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.....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed Blaine E. Weibert

Licensed Embalmer No. 4075

P. O. Address K. C. 8, Mo.

Signed.....
Student Embalmer

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, fact should be so stated above.