

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34385

State File No.

870
1

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5948 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ASHLEY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - ASHLEY 0870</u>	
c. LENGTH OF STAY (in this place) <u>3 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>3 MI SW ASHLEY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 MI SW ASHLEY</u>			
3. NAME OF DECEASED a. (First) <u>JAMES</u> (Type or Print)		b. (Middle) <u>RANDEL</u>	
c. (Last) <u>DEESBY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 27 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB-3-1916</u>
9. AGE (In years last birthday) Months Days <u>34 7 24</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>MURPHYSBORO ILL</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>DAVID OGLESBY</u>		13b. MOTHER'S MAIDEN NAME <u>RUTH RANDAL</u>	
14. NAME OF HUSBAND OR WIFE <u>BETTIE OGLESBY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES (In 48 Dec 44)</u>	
16. SOCIAL SECURITY NO. <u>39120</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BETTIE OGLESBY ASHLEY Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of abdominal vessels</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Loam tractor overturned</u> DUE TO (c) <u>Crushing abdomen</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>082</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ashley Pike Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 27 1950 1 P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Tractor overturned</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____ on Sept 27, 1950, and that death occurred at 1 P.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John Mudd</u> (Degree or title) <u>Counselor</u>		23b. ADDRESS <u>Pauling Green Mo.</u>	
23c. DATE SIGNED <u>Sept 28-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 30-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Harrison Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-2-50</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John Mudd</u>		ADDRESS <u>Funeral Home Pauling Green Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 8 1951

105123

OCT 31 1950

Date Received: OCT 13 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50
Date Filed: OCT 17 1950

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.....
Student Embalmer

Signed James C. Mudd
Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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, fact should be so stated above.