S. No. 300
v. 10.48

0850
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FILED JUN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21011

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 6297 Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville R
c. LENGTH OF STAY (in this place): [illegible]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 66.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland Mo 0850
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mattie
b. (Middle): Belle
c. (Last): Ogle

4. DATE OF DEATH (Month) (Day) (Year): 6 - 5 - 51

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 13, 1934
9. AGE (In years last birthday): 16. 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): Waitress
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Richland Mo
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Steve Enyart
13b. MOTHER'S MAIDEN NAME: Ila McDaniel
14. NAME OF HUSBAND OR WIFE: Jimmie Ogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 497-32-5447
17. INFORMANT'S SIGNATURE OR NAME: Jimmie Ogle Richland ADDRESS: Mo

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): Fractured Skull

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auto Accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 15 / 66 / 68

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: D85
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 66.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 7 Miles West Waynesville Pulaski Co
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 / 5 / 51 9:25
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto Accident

22. *I hereby certify that I attended the deceased from* June 5, 1951, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9:25 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Billy Junior Hedges Coun
23b. ADDRESS: Crocker, Mo
23c. DATE SIGNED: 6/7/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/8/51
24c. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24d. LOCATION (City, town, or county) (State): Richland Mo

DATE REC'D BY LOCAL REG.: 6-11-51
REGISTRAR'S SIGNATURE: Eula Joe Anderson
25. FUNERAL DIRECTOR'S SIGNATURE: R B Leeper ADDRESS: Richland

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-11-57
Pulaski County Health Officer
File Number
Date Filed 6-15-57

JUN 8 1 1956

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 .....
Student Embalmer

Signed R B Zeiger

Licensed Embalmer No. 3148

P. O. Address Richland

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.