U.S. No. 300
Rev. 10.48

0071

FILED OCT 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32519

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 98

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN: Butler
c. LENGTH OF STAY (in this place): 3 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City, Mo.
d. STREET ADDRESS (If rural, give location): 0070

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

4. DATE OF DEATH (Month) (Day) (Year): Oct 7-51

5. SEX: F
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 16 1886
9. AGE (In years last birthday): 65
If under 1 year: Months 2 Days 21
If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: 0
11. BIRTHPLACE (State or foreign country): Gentry Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: William Chivers
13b. MOTHER'S MAIDEN NAME: Mary Sego
14. NAME OF HUSBAND OR WIFE: Jake Ogle
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.: None
17. INFORMANT'S SIGNATURE OR NAME: Jean Ogle
ADDRESS: Kansas City 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): Septicemia
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): Erysipelas
DUE TO (c): Acute Kemia Leukemia

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 2044
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
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* 9-17, 1951, *to* Oct 7, 1951, *that I last saw the deceased alive on* Oct 6, 1951, *and that death occurred at* 6A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Hansen (Degree or title) MD
23b. ADDRESS: Butler Mo
23c. DATE SIGNED: 10-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 8-51
24c. NAME OF CEMETERY OR CREMATORY: Kiddschapel Cem.
24d. LOCATION (City, town, or county) (State): Appleton City Mo.

DATE REC'D BY LOCAL REG.: Oct. 8-1951
REGISTRAR'S SIGNATURE: Mendell Kinney
25. FUNERAL DIRECTOR'S SIGNATURE: Dean Cobbs
ADDRESS: Appleton City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 18 1951
DISTRICT HEALTH OFFICE No. 3

District File Number
Date Filed OCT 18 1951

1951 OCT 19

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 Oscar Eckhoff

Signed _____
Student Embalmer

Licensed Embalmer No. 3942

P. O. Address Appleton City, 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.