

FILED NOV 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38037

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

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>5289</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gashland</u>		c. LENGTH OF STAY (in this place) <u>20</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gashland</u>		<u>0240</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT 1</u>				d. STREET ADDRESS (If rural, give location) <u>RT-1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherine</u> b. (Middle) <u>Marvilla</u> c. (Last) <u>Oglesby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15, 1952</u>				
5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 16, 1869</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>30</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>La Monte, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas W Patrick</u>		13b. MOTHER'S MAIDEN NAME <u>Willie Feagan</u>		14. NAME OF HUSBAND OR WIFE <u>William Oglesby</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eunice Callaway</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>generalized arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yr.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>for 4500 F</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>fractured right hip</u> 4 mo.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE - HOMICIDE (Specify) <u>suicide</u>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/14, 1952</u> , to <u>11/15, 1952</u> , that I last saw the deceased alive on <u>11/15, 1952</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Mabel S. Washburn MD</u> (Degree or title)				23b. ADDRESS <u>Gashland, Mo.</u>		23c. DATE SIGNED <u>11/15/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/17/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAMONTE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LAMONTE, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-17-52</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitcher</u> <u>630</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S NORTH KANSAS CITY</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 Glen H Hill.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4586.....

P. O. Address Quendale, Va......

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.