

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

State File No. 39210  
5493

FILED DEC 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2622 1/2 Brooklyn</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Provident</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Harrison</u> b. (Middle) <u>William</u> c. (Last) <u>Oglesvie</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17, 1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>May 15, 1897</u>		9. AGE (in years last birthday) <u>56</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mail Order Business Sears Roebuck</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Dixon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Oglesvie</u>		13b. MOTHER'S MAIDEN NAME <u>Josie Dil</u>			
14. NAME OF HUSBAND OR WIFE <u>Wilma Oglesvie</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>496-03-3404</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wilma Oglesvie</u> ADDRESS <u>2622 1/2 Brooklyn</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Marked mucous plugging of bronchi</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Due to carcinomatosis due to Bronchogenic carcinoma (Primary: Rt Upper lobe)</u> DUE TO (c) <u>Diabetes Mellitus</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4-6 hrs</u>  <u>Months</u> <u>Months</u> <u>Unknown.</u>	
19a. DATE OF OPERATION <u>Nov 6, 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Epigastric hernia</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>10/26/53</u> , 19 <u>53</u> , to <u>11/17/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11/16/53</u> , 19 <u>53</u> , and that death occurred at <u>12:05 PM</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. H. Goodson</u> (Name, Degree or title) _____				23b. ADDRESS <u>730 Professional Bg Kansas City 6, Missouri</u>		23c. DATE SIGNED <u>11/19/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/21/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>11-20-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Arthur's Rest. 18th &amp; Benton</u>					

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

*H. N. Goodson*

**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 *Bruce A. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18<sup>th</sup> & Benton*

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.