No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 12 1954

State File No. 506

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 137

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN: Carrollton (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bales Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Carroll
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 10 mi W. of Carrollton

3. NAME OF DECEASED (Type or Print)
a. (First): EARL
b. (Middle): GARDNER
c. (Last): OGLE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 3 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 14, 1882
9. AGE (In years last birthday): 71 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Boswoth Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James Ogle
13b. MOTHER'S MAIDEN NAME: Isabelle Stout
14. NAME OF HUSBAND OR WIFE: Martha 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: Mrs. Tom Childs — **ADDRESS:** Norborne Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Pneumothorax, Spontaneous — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Emphysema — 4 yrs
DUE TO (c) Bronchiospasm — 1 day
Arteriosclerosis, Nephrosis
Coronary Occlusion

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: —
491X
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) Carrollton (COUNTY) Carroll (STATE) Mo
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* 12-24, 1953 *to* 1-3, 1954, *that I last saw the deceased alive on* 12-[illegible], 1954, *and that death occurred at* 12:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Eugene T. Bales MD (Degree or title)
23b. ADDRESS: Carrollton Mo
23c. DATE SIGNED: 1-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 6, 1954
24c. NAME OF CEMETERY OR CREMATORY: Fairhaven Cem.
24d. LOCATION (City, town, or county) Norborne (State) Mo

DATE REC'D BY LOCAL REG.: 1-6-54
REGISTRAR'S SIGNATURE: Mrs Herbert Culver
95-6
25. FUNERAL DIRECTOR'S SIGNATURE: Stanley & Gibson
ADDRESS: Carrollton Mo

(Licensed Embalmer's Statement on Reverse Side)

NOV 14 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ben W Gibson

Licensed Embalmer No. 296

P. O. Address Carrollto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.