No. 300
10.46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33411

State File No.

FILED OCT 18 1954

BIRTH NO. REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 83

292
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1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boonville
c. LENGTH OF STAY (in this place) 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Nebraska
b. COUNTY Dodge
c. CITY OR TOWN Fremont
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 604 W. 6th

8 26 10 8

3. NAME OF DECEASED (Type or Print)
a. (First) REX
b. (Middle) ANDREW
c. (Last) OGARD

4. DATE OF DEATH (Month) Oct. (Day) 13, (Year) 1954

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced
8. DATE OF BIRTH Oct. 6, 1906
9. AGE (In years last birthday) 48 | 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) upholsterer
10b. KIND OF BUSINESS OR INDUSTRY Furniture
11. BIRTHPLACE (City and State or Foreign Country) Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Chris J. P. Ogard
13b. MOTHER'S MAIDEN NAME Bertha Dykman
14. NAME OF HUSBAND OR WIFE Amber Henry

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. 508-10-4293
17. INFORMANT'S SIGNATURE OR NAME Mrs Everrett Nell, **ADDRESS** Nickerson, Neb.

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) Massive Mesenteric Vessel Hemorrhage - Abdomen

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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

19a. DATE OF OPERATION October 13, 1954
19b. MAJOR FINDINGS OF OPERATION Massive Hemorrhage, Clot Formation, Mesentery large Colon.
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* Sept. 30, 1954, *to* October 13, 1954, *that I last saw the deceased alive on* Oct. 13, 1954, *and that death occurred at* 4:55 A *m., from the causes and on the date stated above.*

23a. SIGNATURE E. T. Humphreys (Degree or title) MD
23b. ADDRESS Boonville, Mo
23c. DATE SIGNED October 13, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE Oct. 16/54
24c. NAME OF CEMETERY OR CREMATORY —
24d. LOCATION (City, town, or county) Fremont, Nebraska (State)

DATE REC'D BY LOCAL REG. 10/13/54
REGISTRAR'S SIGNATURE D. Hooper 381
25. FUNERAL DIRECTOR'S SIGNATURE B. W. Thacker **ADDRESS** Boonville Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1958

NOV 30 1958

OCT

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 Berry W. Thacher

Licensed Embalmer No. 394

P. O. Address Boonvi

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.