

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11795**

**I. PLACE OF DEATH**  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) **St. Louis Hosp.** c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY OR TOWN **Highway 66** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Mo. Pac. Hosp.** No. STREET ADDRESS (If rural, give location) **0280**

**3. NAME OF DECEASED**  
a. (First) **George** b. (Middle) **Roy** c. (Last) **Ogletree Sr.** 4. DATE OF DEATH (Month) (Day) (Year) **DEC 26 54**

5. SEX **M.** 6. COLOR OR RACE **W.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **M.** 8. DATE OF BIRTH **Oct. 25, 1893** 9. AGE (In years last birthday) **61** 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) **Railroad Conductor** 10b. KIND OF BUSINESS OR INDUSTRY **Railroad** 11. BIRTHPLACE (City and State or Foreign Country) **Cuba Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Burt Ogletree** 13b. MOTHER'S MAIDEN NAME **Alice Walls** 14. NAME OF HUSBAND OR WIFE **Mildred Ogletree**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give branch) **WW I** 16. SOCIAL SECURITY NO. **1917 489-01-4158** 17. INFORMANT'S SIGNATURE OR NAME **Mildred Ogletree** ADDRESS **Cuba 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Brain Tumor, meningial Sarcoma.**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  
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 **1 year.**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **Meningial Sarcoma, right temporal lobe.** 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **193X**

22. I hereby certify that I attended the deceased from **May**, 19**54**, to **Dec.**, 19**54**, that I last saw the deceased alive on **Dec. 24**, 19**54** and that death occurred at **12 15** m., from the causes and on the date stated above.

23a. SIGNATURE **George R. Hewitt M.D.** (Degree or title) 23b. ADDRESS **607 N Grand** 23c. DATE SIGNED **Dec 26 54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **12-27-54** 24c. NAME OF CEMETERY OR CREMATORY **Kinder Cem.** 24d. LOCATION (City, town, or county) (State) **Cuba Mo.**

DATE REC'D BY LOCAL REG. **DEC 27 1954** REGISTRAR'S SIGNATURE **J. C. Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **A.H. Hoppe** ADDRESS **4704 Washington Ave.**

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

**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.....  
Signature of Student Embalmer

Signed *Elton R. Remelick*.....

Licensed Embalmer No. *428*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.