

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

State File No. **12603**

FILED MAY 13 1955

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4305** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY OR TOWN Anderson	c. LENGTH OF STAY (in this place) 20 years	c. CITY OR TOWN Anderson	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) Cordelia Guynes Oglesby			4. DATE OF DEATH (Month) (Day) (Year) April 27, 1955		
a. (First)	b. (Middle)	c. (Last)	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)
Female	White	Widowed	2	April 4, 1872	83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Jackson Mississippi	
12. CITIZEN OF WHAT COUNTRY? USA.					

13a. FATHER'S NAME John Tally Guynes		13b. MOTHER'S MAIDEN NAME Matilda Spell		14. NAME OF HUSBAND OR WIFE Robert Luke Oglesby	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mattie Tatum Anderson, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 Day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic Myocarditis	
		DUE TO (c) Arteriosclerosis	
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4301	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 6-1, 1948, to 4-27, 1955, that I last saw the deceased alive on 4-27, 1955, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. W. Blankenship, M.D., Anderson, Mo.		23b. ADDRESS		23c. DATE SIGNED 4-28-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-29-55		24c. NAME OF CEMETERY OR CREMATORY Anderson, Cemetery	
		24d. LOCATION (City, town, or county) (State) Anderson, Missouri.			

DATE REC'D BY LOCAL REG. 5-1-1955		REGISTRAR'S SIGNATURE Maureen Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE Rapp Funeral Home Anderson, Mo.	
		423		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

600

0600

MAY 13 1955

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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *E. J. Fapp*.....

Licensed Embalmer No. *3458*

P. O. Address *Anderson, Mo.*

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.