

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12712**
Registrar's No. **1**

FILED APR 20 1955

BIRTH NO. _____ REG. DIST. NO. **231** PRIMARY REG. DIST. NO. **5812**

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR Rural - Prairie TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR Rural - Prairie TOWN 0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 miles S. E. Middletown		d. STREET ADDRESS (If rural, give location) 6 miles S. E. Middletown, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) BEULAH b. (Middle) ETHEL c. (Last) OGDEN			4. DATE OF DEATH (Month) (Day) (Year) Apr. 14 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (Specify) Married	
8. DATE OF BIRTH Sept. 3 1893			9. AGE (In years last birthday) Months Days 61 7 11		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY House work			11. BIRTHPLACE (State or foreign country) Callaway County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME William H. Brandenburg		13b. MOTHER'S MAIDEN NAME Lucy E. Boswell		14. NAME OF HUSBAND OR WIFE Edward S. Ogden	
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		INFORMANT'S SIGNATURE OR NAME ADDRESS Ed. S. Ogden Middletown Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo cardial Heart failure		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity		Apr. 13 - 1955	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-vascular Renal disease DUE TO (c)			

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) Middletown, Montgomery, Missouri	
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 **Apr. 13, 1955**, to **Apr. 14, 1955**, that I last saw the deceased alive on **Apr. 14, 1955**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. R. Titus 2 D.O.		23b. ADDRESS Middletown, Mo.		23c. DATE SIGNED Apr. 14 1955	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/16/55		24c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery		24d. LOCATION (City, town, or county) (State) Wellsville, Missouri	
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DATE REC'D BY LOCAL REG. April 15 1955		REGISTRAR'S SIGNATURE Mrs. Zoe Chapman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. B. Kelly Wellsville Mo	
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(License Embellisher's Statement on Reverse Side)

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

700
1

FEB 14 1957

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

T. B. Keller

Signed _____
Student Embalmer

Licensed Embalmer No. *588*

P. O. Address *Hullerille, 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 this body is not embalmed, fact should be so stated above.