

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

XC-2 479 144
Reg. 15402
SL-9465

FILED MAY 8 1956

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

State File No. 14772
3877
Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY SALINE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN HARRISBURG	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 20 days		e. STREET ADDRESS (If rural, give location) 510 North CHERRY STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Albert W. b. (Middle) W. c. (Last) OGELESBY (Service) OGLESBY (Correct)		4. DATE OF DEATH (Month) (Day) (Year) 4-18-56	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-10-73
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Hamilton County, Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jacob Oglesby	

13b. MOTHER'S MAIDEN NAME Sarah Miner		14. NAME OF HUSBAND OR WIFE Minnie Oglesby	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes SPAW		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hosp. Records, 915 N. Grand, St. Louis, 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) PNEUMONIA, RIGHT LOWER LOBE AND ATELECTASIS, LEFT LOWER LOBE		DUE TO (b) CARCINOMA OF THE STOMACH		UNKNOWN	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) RESECTION AND ANASTOMOSIS		UNKNOWN	
II. OTHER SIGNIFICANT CONDITIONS		CEREBRAL ATROPHY WITH EDEMA		7 DAYS	
Conditions contributing to the death but not related to the disease or condition causing death.				UNKNOWN	

19a. DATE OF OPERATION 4-11-56		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 3-29-56, to 4-18-56, and that death occurred at 11:45a m., from the causes and on the date stated above.

23a. SIGNATURE Murray M. Bett M.D.		23b. ADDRESS VA Hospital, 915 N. Grand, St. Louis, Mo.		23c. DATE SIGNED 4-18-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/18/56		24c. NAME OF CEMETERY OR CREMATORY Harrisburg Ill	
24d. LOCATION (City, town, or county) Harrisburg, Ill		24e. (State)			

DATE REC'D BY LOCAL REG. APR 19 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward Fendler 5611 S Grand.	
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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 *Francis J. Wyland*.....

Licensed Embalmer No. *45*.....

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.