

FILED JUN 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **16454**  
 Registrar's No. **76**

BIRTH NO.		REG. DIST. NO. <b>59</b>		PRIMARY REG. DIST. NO. <b>4095</b>		Registrar's No. <b>76</b>		
1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Drexel</b>		c. LENGTH OF STAY (in this place) <b>40 Yrs.</b>		c. CITY OR TOWN <b>Drexel</b>		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: <b>Not in hosp. At home.</b>				e. STREET ADDRESS (If rural, give location) <b>2nd &amp; Maple Streets. 0190</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>TRESSA</b>		b. (Middle) <b>FENTON</b>		c. (Last) <b>OGLE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May, 22, 1957</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed.</b>		8. DATE OF BIRTH <b>Aug. 8, 1877</b>		
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>14</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Household Duties.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At Home.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Miami County, Kansas.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Fenton.</b>			13b. MOTHER'S MAIDEN NAME <b>Mary B. McGrath.</b>			14. NAME OF HUSBAND OR WIFE <b>Russell Ogle.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. B. M. Hart, Drexel, Mo.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 mont</b>	
		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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>331X</b>					20. AUTOPSY? <b>2</b> 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>Jan 18, 19 57</b> to <b>May, 22, 1957</b> , that I last saw the deceased alive on <b>May 21 1957</b> , and that death occurred at <b>1:15a</b> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>Baird D. Hartwell</b>			23b. ADDRESS <b>Drexel, Missouri.</b>		23c. DATE SIGNED <b>5/23/57.</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/24/1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sharon Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Drexel, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>5/24/57</b>		REGISTRAR'S SIGNATURE <b>Nora Barnard</b>		25. FUNERAL HOME SIGNATURE <b>J.B. Hays</b>		ADDRESS <b>Drexel Mo.</b>		

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

457-0

FEB 13 1959

RECEIVED  
JUN 3 1957  
STATE OF CALIFORNIA  
HEALTH DEPARTMENT

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, ~~XXXXXX~~..... Student Embalmer ~~None~~

working ~~under my personal supervision~~

Student.....  
Signature of Student Embalmer

Signed.....  
J. R. Hays  
Licensed Embalmer No. 1950.....

P. O. Address Drexel, 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.