

FILED SEP 30 1957

STANDARD CERTIFICATE OF DEATH

State File No. 31168

BIRTH NO. REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Clay c. CITY OR TOWN Ex-Springs d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) Excelsior Springs		c. LENGTH OF STAY (In this place) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hospital		STREET ADDRESS (If rural, give location) Tracy Ave - R.R. # 1	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES	b. (Middle) HILLERY	c. (Last) OUSLEY	4. DATE OF DEATH (Month) (Day) (Year) Sept 3 1957
---	-------------------------------	----------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 5 1862	9. AGE (In years last birthday) Months Days 94	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.
-----------------------	----------------------------------	--	---------------------------------------	--	----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	---

13a. FATHER'S NAME Anthony Ousley	13b. MOTHER'S MAIDEN NAME Mary Ungles	14. NAME OF HUSBAND OR WIFE Mrs. Rose Ousley
---	---	--

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 ADDRESS Mr Miller Ousley - Excelsior Spgs 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		a mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis years		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cardio-renal disease			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442X	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)
--	--	---

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 **8/31**, 19 **57**, to **9/3**, 19 **57**, that I last saw the deceased alive on **9/3**, 19 **57**, and that death occurred at **9:45 a.m.**, from the causes and on the date stated above.

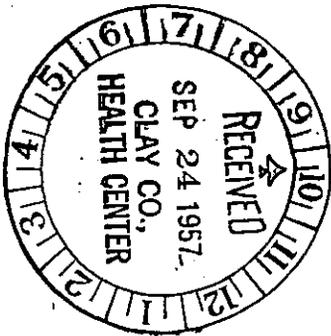
23a. SIGNATURE (Degree or title) M. D. Granger M.D.	23b. ADDRESS Excelsior Springs, Mo.	23c. DATE SIGNED 9/11/57
---	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 5 1957	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Excelsior Spgs, Mo.
--	---------------------------------	--	---

DATE REC'D BY LOCAL REG. 9/11/57	REGISTRAR'S SIGNATURE Caroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Virgil Hope, Ex-Springs Mo.
--	--	--

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

62



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 *James A. Moles*

Licensed Embalmer No. 3296

P. O. Address **Excelsior Sp**

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.