

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019266
STATE FILE NUMBER

FILED MAY 28 1958

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 80

5. 300.
1-57

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>Rockmanua</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Rockmanua 0821</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake County Hospital</u> Length of stay in 1b <u>23 yrs</u>		d. STREET ADDRESS <u>909 Georgia</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Gertrude Belle Ovinga</u>		4. DATE OF DEATH Month Day Year <u>MAY 21 1958</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 15-1885</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House WIFE</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	9c. BIRTHPLACE (City and state or country) <u>Bellflower, Mo</u>
10a. FATHER'S NAME <u>Charles Rohrer</u>		10b. MOTHER'S MAIDEN NAME <u>Rebecca Wilson</u>	10c. NAME OF HUSBAND OR WIFE <u>W. B. Ovinga</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or Unknown) (If yes, give war or dates of service) <u>no</u>		12. SOCIAL SECURITY NO. <u>490-05-3095-B</u>	13. INFORMANT Address <u>W. B. Ovinga - Louisiana, Mo.</u>
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal uremia</u> DUE TO (b) <u>Acute dilatation of heart</u> DUE TO (c) <u>Hypertension</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -----			15. INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> <u>3 days</u> <u>10 years</u>
16a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		16b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -----	
17c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		17d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
18e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----		18f. CITY, TOWN, OR LOCATION COUNTY STATE -----	
19. I attended the deceased from <u>1942</u> to <u>5/21/58</u> and last saw her <u>alive</u> on <u>5/21/58</u> Death occurred at <u>4:55 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
20a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>		20b. ADDRESS <u>Louisiana, Missouri</u>	
20c. DATE SIGNED <u>5/23/58</u>		20d. NAME OF CEMETERY OR CREMATORY <u>Bellflower Cem</u>	
20e. LOCATION (City, town, or county) (State) <u>Bellflower Mo</u>		20f. DATE RECD. BY LOCAL REG. <u>May 26-58</u>	
20g. REGISTRAR'S SIGNATURE <u>[Signature]</u>		20h. GENERAL DIRECTOR ADDRESS <u>Louisiana, Mo.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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

Licensed Embalmer No.....

P. O. Address.....

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.