

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 8 3 3

FILED VS DEC 29 1959

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 73

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Morgan</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage township</u>		Length of stay in 1b <u>3 yrs</u>		c. CITY OR TOWN <u>Gravois Mills</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 N. S. C. Gravois Mills</u>				Inside Limits No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5 N. S. C. Gravois</u>				
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First <u>Minnie</u> Middle <u>Lee</u> Last <u>Ogilvie</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>22</u> , Year <u>1959</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Can.</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-21-1868</u>				
9. AGE (last birthday) <u>91</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Ironton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John N. Horn</u>			13b. MOTHER'S MAIDEN NAME <u>Belle McFarland</u>			14. NAME OF HUSBAND OR WIFE <u>Wm J. Ogilvie</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>John H. Ogilvie M.S. Gravois Mills</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary Oedema</u>							INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute Heart Failure</u>										
DUE TO (c) <u>Previous Coronary Thrombosis 27 yrs</u>										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from <u>1958</u> to <u>Dec 22, 1959</u> and last saw her <u>him</u> alive on <u>Dec 20, 1959</u> Death occurred at <u>8:00 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.										
22. SIGNATURE <u>J L Washburn M.S.</u> (Degree or title)				22b. ADDRESS <u>Versailles, Mo</u>				22c. DATE SIGNED <u>12/24/59</u> (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>26 Dec. 59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>W.O.F. Cemetery</u>			23d. LOCATION (City, town, or county) <u>Charleston, Mo.</u>			
24. FUNERAL DIRECTOR <u>Kidwell Funeral Home Versailles, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>12-24-59</u>		26. REGISTRAR'S SIGNATURE <u>J L Washburn</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS NOV 30 1960

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

Gene E. Bartram

Licensed Embalmer No. 4021

P. O. Address Des Moines, 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.