

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7220BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DarRichmondition</u>		c. LENGTH OF STAY (in this place) <u>60 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Darneal Addition</u>		d. STREET ADDRESS (If rural, give location) <u>Darneal Addition</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NORMAN</u> b. (Middle) <u>NMI</u> c. (Last) <u>OGG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 21, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>March 7, 1887</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal mining</u>		11. BIRTHPLACE (State or foreign country) <u>Burlingame, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Augustus Ogg</u>		13b. MOTHER'S MAIDEN NAME <u>Teddy Potts</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Bales</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>487-01-5468</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John Neal, Richmond, Mo.</u>	

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, aneurysm, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery occlusion</u> ANTECEDENT CAUSES <u>Generalized arteriosclerosis</u> 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. <u>Influenza</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>18 yrs.</u> <u>4 days.</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, 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 Oct. 12, 1951, to Febr. 21, 1953, that I last saw the deceased alive on Febr. 21, 1953, and that death occurred at 3:35 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>H. H. Johnson, M.D.</u>		23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>2/24/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 21, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Feb. 25-1953</u>		REGISTRAR'S SIGNATURE <u>Malcolm Garrison</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Funeral Home</u>		ADDRESS <u>by Lewis Thurman</u>		Richmond, Mo.	

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

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2.5'

MAR 8 1958

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, W.C. By

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm. L. Thurman

Licensed Embalmer No. 1563

P. O. Address Richmond, 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 this body is not embalmed, fact should be so stated above.