

FILED JUN-22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18750

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff (1)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kennett</b>	
c. LENGTH OF STAY (in this place) <b>1 Week</b>		d. STREET ADDRESS (If rural, give location) <b>305 South Everett</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctor's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Letha</b> b. (Middle) <b>S.</b> c. (Last) <b>Rogers</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6 11 49</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>8/20/11</b>		9. AGE (In years last birthday) <b>37</b>		10. IF UNDER 1 YEAR Days <b>8</b> IF UNDER 12 HRS. Min. <b>21</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Butler County Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Thomas C. Berry</b>		13b. MOTHER'S MAIDEN NAME <b>Pearl LaGrand</b>		14. NAME OF HUSBAND OR WIFE <b>Syl Rogers</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>492-09-6883</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Syl Rogers</b> ADDRESS <b>Kennett, Missouri</b>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Squamous Carcinoma Cervix</b> 1947.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			INTERVAL BETWEEN ONSET AND DEATH  <b>171X</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) m.		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 June 1, 1949, to June 12, 1949, that I last saw the deceased alive on June 12, 1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Syl Rogers M.D.</b>		23b. ADDRESS <b>Poplar Bluff, Missouri</b>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/14/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	
24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>June 14, 1949</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b> 428		25. FUNERAL DIRECTOR'S SIGNATURE <b>Greer Croy &amp; Fitch</b> ADDRESS <b>Poplar Bluff, Mo</b>	
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JUN 20 REC'D

BUTLER COUNTY HEALTH CENTER

649-143

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 .....  
Student Embalmer

Signed *Philip J. Casserly*

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff, Missouri

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.