

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5764 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Warren Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Warren Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MONROE CITY MO R.H. 1</u>		d. STREET ADDRESS (If rural, give location) <u>MONROE CITY, MO R. 4.</u>	
3. NAME OF DECEASED a. (First) <u>Ona</u> b. (Middle) <u>Samantha</u> c. (Last) <u>Rogers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 28, 1949</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 14, 1897</u>
9. AGE (In years last birthday) <u>51</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>14</u> Hours <u>0</u> 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 <u>✓</u>	
11. BIRTHPLACE (State or foreign country) <u>Washington County Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John A Penderton</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie E Duncan</u>	
14. NAME OF HUSBAND OR WIFE <u>William H. Rogers</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>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. H. Rogers</u> ADDRESS <u>Monroe City, Mo R 4</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>  ANTECEDENT CAUSES DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Rheumatoid arthritis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>8 weeks</u> <u>4-20</u> <u>18 yr.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <u>June</u> , 1937, to <u>9-28</u> , 1949, that I last saw the deceased alive on <u>9-27</u> , 1949, and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. N. Lemmon M.D.</u> (Degree or title)		23b. ADDRESS <u>Monroe City, Mo</u>	
23c. DATE SIGNED <u>9-28-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Andrew Chapel</u>	
24d. LOCATION (City, town, or county) (State) <u>Marion County Mo</u>		DATE REC'D BY LOCAL REG. <u>9/30/49</u>	
REGISTRAR'S SIGNATURE <u>Ben Usher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson &amp; Sons</u> ADDRESS <u>Monroe City Mo</u>	

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

OCT 11 1949

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 me

Student Embalmer No. ....

working under my personal supervision.

Signed

*Leslie L. Wilson*

Signed.....

Student Embalmer

Licensed Embalmer No. 3064

P. O. Address

*Monroe City, Md*

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.