

FILED NOV 9 1949

## STANDARD CERTIFICATE OF DEATH

State File No. **34251**BIRTH NO. 32873-49 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>LACLEDE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CAMDEN</u>	
b. CITY OR TOWN <u>LEBANON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMDENTON, Mo</u>	
c. LENGTH OF STAY (In this place) <u>5.5</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LOUISE WALLACE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SHARON</u> b. (Middle) <u>KAY</u> c. (Last) <u>ROBERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-3-49</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>6-22-49</u>		9. AGE (In years last birthday) <u>3</u>		IF UNDER 1 YEAR Months <u>15</u> Days <u>0</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CAMDENTON, Mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>LEONARD JAS Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA bell GREEN</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Rogers, Condator</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia left lung</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)			
DUE TO (c)		DUE TO (c)			
11. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>Massive pleural effusion 5 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) (Min.)		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 Sept. 29, 1949, to Oct. 3, 1949, that I last saw the deceased alive on Oct 3, 1949, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B B Hurst, M.D.</u>		23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>10-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roach Union</u>	
24d. LOCATION (City, town, or county) (State) <u>CAMDEN Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banks W. Wooley</u>		ADDRESS <u>CAMDENTON</u>	
DATE REC'D BY LOCAL REG. <u>10-29-1949</u>		REGISTRAR'S SIGNATURE <u>Hella L. May</u>		424	

(Licensed Embalmer's Statement on Reverse Side)

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

Received NOV 5 1949  
Laclede County Health Unit  
File No. 11-49-157  
Date Filed NOV 8 1949

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>*Prepared*</sup> embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Abbie Banksen Wool*

Licensed Embalmer No. 2488

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 this body is not embalmed, fact should be so stated above.