

FILED NOV 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39998**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **181**

1. PLACE OF DEATH a. COUNTY Cernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Bartholomew	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Wash twp 2-2-24	c. LENGTH OF STAY (In this place) 2-2-24	c. CITY (If outside corporate limits, write RURAL and give township) Drewin	d. STREET ADDRESS (If rural, give location) RFD #1
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp #3		4. DATE OF DEATH (Month) (Day), (Year) 11-8-49	
3. NAME OF DECEASED (Type or Print) a. (First) WALTER L. b. (Middle) R. c. (Last) RODGERS		5. SEX Male	
6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-23-1889	9. AGE (In years last birthday) 60 <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 MONTH <input type="checkbox"/> UNDER 1 HOUR <input type="checkbox"/> UNDER 1 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Wm Rodgers	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Mr Carl Rodgers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and date of service) No	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Hospital records ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH? 4/200	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Hypertension	
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)	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 10-26-1949 , to 11-8-1949 , that I last saw the deceased alive on 11-7-1949 , and that death occurred at 5 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE R. G. Hall M.D. (Degree or title)		23b. ADDRESS Lexington Mo	23c. DATE SIGNED 11-8-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 11 1949	24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	24d. LOCATION (City, town, or county) (State) Lamar, Missouri.
DATE REC'D BY LOCAL REG Nov. 10 1949	REGISTRAR'S SIGNATURE Halbury H. Yancy	25. FUNERAL DIRECTOR'S SIGNATURE 331 KONANTZ FUNERAL HOME, LAMAR, MISSOURI ADDRESS _____	

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

108
0
0

(Licensed Embalmer's Statement on Reverse Side) **Carl A. Konantz**

RECEIVED

District Health Officer No. 7,

District File Number 10-49-1362

Date Filed 11-15-49

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 Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, 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.