

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16015**

BIRTH NO. _____		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 3007	Registrar's No. 229
1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Richland Twp		
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) Essex Mo 1030		
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital				
3. NAME OF DECEASED (Type or Print)		a. (First) Carolyn	b. (Middle) Jean	c. (Last) Rodgers
4. DATE OF DEATH (Month) (Day) (Year) May 21 1950				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child 1	8. DATE OF BIRTH July 31 1949	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. — 9 20
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) Jacksonville Ill.
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME John Rodgers		13b. MOTHER'S MAIDEN NAME Greta Powell		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Rodgers Essex Mo
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pneumonia, Bronchial, Bilateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchitis acute unknown DUE TO (c) Nas-pharyngitis acute (supp. report) unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 days
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)
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 5-20 , 19 50 , to 5-21 , 19 50 , that I last saw the deceased alive on 5-21 , 19 50 , and that death occurred at 4:40pm. , from the causes and on the date stated above.				
23a. SIGNATURE J. W. Tronda M.D.		(Degree or title)		23b. ADDRESS Poplar Bluff Mo
23c. DATE SIGNED 5/21/50				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 22 1950	24c. NAME OF CEMETERY OR CREMATORY Puxico Cemetery	24d. LOCATION (City, town, or county) (State) Puxico Mo
DATE REC'D BY LOCAL REG. June 1-1950		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gladys Morgan Puxico Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 6 - 1950

BUTLER CO. HEALTH CENTER

FILE No. 550-249

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.....

not embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.