

FILED FEB 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3490

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, Mo</u> <u>1003</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 Dickson St Sikeston, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>307 Dickson St Sikeston, Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>	b. (Middle) _____	c. (Last) <u>Rodgers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>19</u> <u>1951</u>
---	-------------------	--------------------------	---

5. SEX <u>F</u> <u>3</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> <u>2</u>	8. DATE OF BIRTH <u>11/18/95</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------------	---------------------------	--	----------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>Newmadrid, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>Elex Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Harriet Cook</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 dates of service) <u>No</u> <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ranch Hinderson</u>	ADDRESS <u>Sikeston, Mo</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		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>10 days</u> <u>4/8/51</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Sikeston</u> <u>Scott</u> <u>Mo</u>
--	--	---

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 18-Jan, 1951, to 19-Jan, 1951, that I last saw the deceased alive on 19-Jan, 1951, and that death occurred at 9 a.m. from the causes and on the date stated above.

23a. SIGNATURE <u>H.B. Throgmorton</u> (Degree or title) _____	23b. ADDRESS <u>Sikeston, Mo</u>	23c. DATE SIGNED <u>22-Jan-51</u>
--	----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/23/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carptner Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>Mc Mullin, Mo</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Jan 24-51</u>	REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>	GENERAL DIRECTOR'S SIGNATURE <u>Harry Jones</u>	ADDRESS _____
---	--	---	---------------

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

RECEIVED JAN 29 195
SCOTT COUNTY HEALTH CE
CO. FILE NO. 157-3

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

John Allerton

Licensed Embalmer No. 2941

P. O. Address *Spokane Wash*

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.