

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

4117

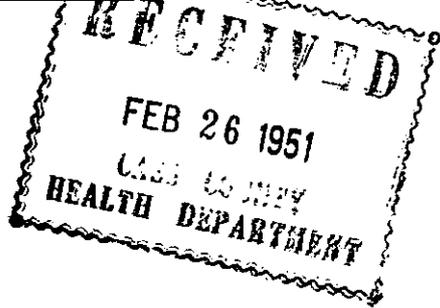
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (In this place) <u>3</u> Days		d. STREET ADDRESS (If rural, give location) <u>1/2</u> miles east Cleveland Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Rufas</u> c. (Last) <u>Rogers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16 1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>6, 13, 1873</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>L</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Ind.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Sylvester Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Fowler</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C.H. Green Cleveland 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES DUE TO (b) <u>Prostatitis, Chronic</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hepatitis, Chronic Hypertrophic</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u> <u>6 YRS.</u> <u>6 1/2 X</u> <u>5 YRS.</u>			
19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>None Made.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Harrisonville Cass Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>Feb. 15, 1951</u> , to <u>Feb. 16, 1951</u> , that I last saw the deceased alive on <u>Feb. 15, 1951</u> , and that death occurred at <u>12:55P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Herbert A. Tracy D. M.D.</u>		23b. ADDRESS <u>BELTON, Mo.</u>	23c. DATE SIGNED <u>2/17/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 18, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Union Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>North East Cleveland, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 19, 1951</u>	REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geor. Myers Cleveland Mo</u>	

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



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**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 Geo. E. Myers  
Licensed Embalmer No. 2517

P. O. Address Cleveland Mo.

**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.