

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24192

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 244

947  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Flat River Mo.</b> ) c. LENGTH OF STAY (In this place) <b>1 yr.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farmington, Mo.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Cunningham Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>Flat River, Mo. 101 <del>Roosevelt</del> Roosevelt St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hettie</b> b. (Middle) <b>L.</b> c. (Last) <b>Rodgers</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 25 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 12, 1862</b>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <b>88 7 13</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Burksville, Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Elzia Claywell</b>	13b. MOTHER'S NAME <b>Margaret Rush</b>	14. NAME OF HUSBAND OR WIFE <b>Charles B. Rodgers</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Everett Caruthers, Farmington, Mo</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio sclerotic heart disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio sclerosis</b> DUE TO (c) <b>Fracture left hip</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200 F</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **max**, 1951, to **July 25**, 1951, that I last saw the deceased alive on **July 23**, 1951, and that death occurred at **12:15** a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. H. Cozean</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Flat River Mo</b>	23c. DATE SIGNED <b>7-25-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-26-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Parkview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Near Farmington Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JULY 26, 1951</b>	REGISTRAR'S SIGNATURE <b>Catherine Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. H. Cozean Farmington, Mo</b>
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JUL 30 1951

RECEIVED

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 \_\_\_\_\_

*C. J. Cozart*

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.