

FILED SEP 10 1951

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29310

BIRTH NO. 23751-51 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Washington</u> ¹¹⁸³		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Royal-Union</u> c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neots</u> <u>0512</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Old Miner Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Randy</u> c. (Last) <u>Rogers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug</u> <u>31</u> <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 27 1951</u>
9. AGE (In years last birthday) <u>4</u> UNDER 1 YEAR Months <u>4</u> Days <u>4</u> Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Bonnetere Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY		14. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME <u>Thomas Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Rogers</u>	
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. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Muriel Rutledge Pator</u>		ADDRESS <u>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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>fracture of skull-</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Subside Home</u> <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Old Miner, WASH. Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 31-51 10p.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto accident</u>	
22. I hereby certify that I attended the deceased from <u>1951</u> , 19 <u>51</u> , to <u>1951</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1951</u> , 19 <u>51</u> , and that death occurred at <u>12:30p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph L. Thurman</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Petoni, Mo.</u>	
23c. DATE SIGNED <u>9-1-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blackwell Masonic</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>9/1/51</u>	REGISTRAR'S SIGNATURE <u>Hubert W. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Spark Pator</u> ADDRESS <u>Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 4 1951

WASH. COUNTY HEALTH DEPT.

File No.

951-228

AUG 2 1961

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address W. L. R. R. Co.

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.