

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30731**

FILED SEP 26 1951

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5-65-2 Registrar's No. 31

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rescue</u>		c. LENGTH OF STAY (in this place) <u>11 mo. 1 week</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hedges Rest Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rescue</u>	
		d. STREET ADDRESS (If rural, give location) <u>Greenhop</u>	

3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>ROGERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 26 1951</u>		
5. SEX <u>W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>June 3 - 1862</u>		9. AGE (in years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Fredricktown Ill.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Cyrus Wiedelbrandt</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Crasner</u>		14. NAME OF HUSBAND OR WIFE <u>Widow</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A.R. Rogers</u>	
				ADDRESS <u>Rescue, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) <u>and Chr. Myocarditis</u>		<u>unknown</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Hypertension</u>		<u>?</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>Pneumonia 7/15/51</u>		<u>43x</u>	
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 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)	
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?	

22. I hereby certify that I attended the deceased from 7/9 1951, to 8/13 1951, that I last saw the deceased alive on 8/13 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ferneth Graves MD</u>		23b. ADDRESS <u>St. Vernon, Mo</u>		23c. DATE SIGNED <u>8/27/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miller Semetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Lawrence Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-12-51</u>		REGISTRAR'S SIGNATURE <u>W. S. Bessing</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Leasett</u>	
				ADDRESS <u>W. L. Leasett</u>	

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED

SEP 18 1951

Dist. File

931-1691

Date Filed

9-18-51

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. L. Jones

Licensed Embalmer No. 2201

P. O. Address Int. Vernon Md

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.