

X No. 300  
10.48

FILED FEB 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1467

468

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>468</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manassas City</u> c. LENGTH OF STAY (In this place) <u>14 DA.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSP.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>CLINTON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LATHROP</u> d. STREET ADDRESS (If rural, give location) <u>0250</u>			
3. NAME OF DECEASED a. (First) <u>RUBEN</u> b. (Middle) <u>H.</u> c. (Last) <u>ROGERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-29-52</u>		5. SEX <u>MALE</u>		
6. COLOR OR RACE <u>Wh.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>6-2-70</u>		9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>2</u> IF UNDER 18 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Lathrop Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Marion Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Luise Pierce Pearl Rogers (Dec)</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>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marion Rogers</u> ADDRESS <u>2000 E. 73 R.C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull Injured</u> ANTECEDENT CAUSES <u>Amateur</u> DUE TO (b) <u>Amateur</u> DUE TO (c) <u>2 Cars + truck.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 Hrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Post Refused</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office, etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clay</u> <u>174</u> <u>MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-16-52</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 Trauma</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to <u>1-29</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title)				23b. ADDRESS <u>1034 North Blvd</u>		23c. DATE SIGNED <u>1-29-52</u>	
24a. BURNIAL CREMATION (Specify) <u>None</u>		24b. DATE <u>1-31-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Commerce Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-29-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edmon Crunk</u> ADDRESS <u>Commerce Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 8 1956

**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

*Harold L. Walker*

Licensed Embalmer No. 4588

P. O. Address Lathrop, 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.