

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1469

State File No.

266

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>3235 Forest</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>			

3528

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u> b. (Middle) <u>Marie</u> c. (Last) <u>ROGERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-18-17</u>	9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Columbia, Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Jesse James Head</u>	13b. MOTHER'S MAIDEN NAME <u>Daisy Irene Rice</u>	14. NAME OF HUSBAND OR WIFE <u>Robert C. Rogers</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>490-07-3066</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Doyle</u>	ADDRESS <u>3235 Forest, K. 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Gastro intestinal hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Circumonia</u>		
	DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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) <u>no</u>	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 Jan 1 1952 to Jan 15, 1952, that I last saw the deceased alive on Jan 15, 1952, and that death occurred at 5 am, from the causes and on the date stated above.

23a. SIGNATURE <u>M. B. Casebolt MD</u>	(Degree or title)	23b. ADDRESS <u>4000 Bellvue</u>	23c. DATE SIGNED <u>1-15-52</u>
--	-------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-19-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>1-17-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mellody-McGilley-Eylar</u>	ADDRESS <u>Kansas City, Mo.</u>
--	--	---	------------------------------------

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

Casebalt
4000 Baltimore

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Licensed Embalmer No. 2999

Signed.....
Student Embalmer

P. O. Address KC

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.