

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19201

State File No.

MAY 27 1952

BIRTH NO. _____ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4552 Registrar's No. 24

1141

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Wright.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Douglas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn Grove, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vanzant, Mo.</u> <u>0345</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mtn Grove, Mo.</u> | | | |

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|-------------------------------------|---------------------------|-----------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>William</u> | b. (Middle) <u>M.</u> | c. (Last) <u>Rogers</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 26-1952</u> |
|-------------------------------------|---------------------------|-----------------------|-------------------------|--|

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|--------------------|-------------------------------|---|---------------------------------------|---|---------------------------|-----------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Febr 14, 1874</u> | 9. AGE (In years last birthday) <u>78</u> | 10. UNDER 1 YEAR <u>2</u> | 11. UNDER 12 HRS. <u>12</u> |
|--------------------|-------------------------------|---|---------------------------------------|---|---------------------------|-----------------------------|

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| 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 <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Shannon County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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|--------------------------------------|--|--|
| 13a. FATHER'S NAME <u>AIF Rogers</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>Viola Estes</u> |
|--------------------------------------|--|--|

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|---|-------------------------------------|---|-------------------------------------|
| 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>Cecil Rogers</u> | ADDRESS <u>Junction, Mo. Kansas</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Hypertensive heart disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) <u>443X</u> |
|--|--|---|

| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 Mar. 8, 1952, to Apr. 26, 1952, that I last saw the deceased alive on April 26, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

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|--|---|---------------------------------|
| 23a. SIGNATURE <u>Thomas T. Francisco D.O.</u> | 23b. ADDRESS <u>Willow Springs, Mo.</u> | 23c. DATE SIGNED <u>15-5-52</u> |
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|---|------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 1, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Vanzant Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Vanzant Mo.</u> |
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|---|---|-------|--|-------------------------------|
| DATE REC'D BY LOCAL REG. <u>5-27-52</u> | REGISTRAR'S SIGNATURE <u>A.B. Jones</u> | 348-1 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell P. Huber</u> | ADDRESS <u>Mtn Grove, Mo.</u> |
|---|---|-------|--|-------------------------------|

WRIGHT CO. HEALTH DEPT.
County File Number 8352-61
Date Filed 5-24-52

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 Russell Barber

Licensed Embalmer No. 3748

P. O. Address _____

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.