

33961

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Aid.</u>		c. LENGTH OF STAY (In this place) <u>60 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Aid. mo 1030</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION						
3. NAME OF DECEASED a. (First) <u>Walter</u> (Type or Print)			b. (Middle) <u>Edwin</u>	c. (Last) <u>Roger</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 17-1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 13-1886</u>	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>65 11 5</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 <u>Self.</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana, Warren Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George A. Roger</u>		13b. MOTHER'S MAIDEN NAME <u>Betha L. Bennett</u>		14. NAME OF HUSBAND OR WIFE <u>Maude Roger</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Edwin Roger Aid. 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Disease</u>  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.			INTERVAL BETWEEN ONSET AND DEATH <u>20 years</u>	
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) <u>416X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>June 1948</u> , to <u>Sept 13</u> , 1952, that I last saw the deceased alive on <u>Sept 15</u> , 1952, and that death occurred at <u>9:00 p m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>L. Waddle M.D.</u>			23b. ADDRESS <u>Sixth Mo</u>	23c. DATE SIGNED <u>23 Sept 1952</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 25-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harper Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Sept 25 1952</u>		REGISTRAR'S SIGNATURE <u>Lois</u>	REGISTRAR'S NO. <u>B555-9</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webb &amp; Walbrins Funeral Home Bloomfield mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
V. 10.481030  
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**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 Walter Mandelkern

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.