

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **35461**
Registrar's No. **104197**

NOV 1 1952

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>4247</u>		Registrar's No. <u>104197</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived, (If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasper</u>		c. LENGTH OF STAY (In this place) <u>24</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasper, Missouri</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Main in Jasper</u>				d. STREET ADDRESS (If rural, give location) <u>South Main</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Newton</u> c. (Last) <u>Rogers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16 1952</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 4, 1886</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomfield, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>William Calvin Rogers</u>			13b. MOTHER'S MAIDEN NAME <u>Rachael Payne</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Hughes</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Will Lanman Jasper, 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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burns Thermal, Fatal</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. <u>E9160</u> <u>10</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>049</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jasper Jasper Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 16 5:26 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Patient apparently burned to death, fire in home</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Walter H. Sharp, M.D.</u>				23b. ADDRESS <u>Sharp & Selver, Jasper, Mo</u>		23c. DATE SIGNED <u>10-25-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>17 Oct 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Paradise</u>		24d. LOCATION (City, town, or county) (State) <u>South of Jasper</u>			
DATE REC'D BY LOCAL REG. <u>10-25-52</u>		REGISTRAR'S SIGNATURE <u>W. H. Clinton, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sharp & Selver, Jasper, Mo</u>		ADDRESS <u>My Dawson & Sharp</u>			

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

RECEIVED 10-30-52

Jasper County Health Office

County File Number 52/10/837

Date Filed 10-30-52

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

Lawson L. Sharp

Student Embalmer No. 345

working under my personal supervision.

Student *Lawson L. Sharp*

Student Embalmer

Signed *George W. Newcomb*

Licensed Embalmer No. 4671

Body was not embalmed in the actual manner - Only External Embalmg

P. O. Address *Leekwood, 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.