

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED FEB 3 1953

BIRTH NO. _____		REG. DIST. NO. <u>250</u>		PRIMARY REG. DIST. NO. <u>4373</u>		Registrar's No. <u>4</u>		
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Barnard</u>		c. LENGTH OF STAY (In this place) <u>6 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Barnard</u>		<u>1740</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Rogers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-27-1953</u>					
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>Jan. 3-1872</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Coshocton - Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>A. Z. Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Emiline Fox</u>		14. NAME OF HUSBAND OR WIFE <u>Louisa E. Rogers-deceased</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William F. Rogers - Barnard - 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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pneumonia, virus type</u>				<u>36 hours</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>epidemic influenza of virus type</u>				<u>6 days</u>				
DUE TO (c)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>480x</u>		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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>22 July, 1929</u> , to <u>27 Jan., 1953</u> , that I last saw the deceased alive on <u>27 Jan., 1953</u> , and that death occurred at <u>7:45 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Chas. D. Humbert, M.D., D.</u>				23b. ADDRESS <u>Barnard, Missouri</u>		23c. DATE SIGNED <u>26 Jan., 1953</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-29-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barnard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barnard + Mo -</u>			
DATE REC'D BY LOCAL REG. <u>1-30-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edna Brenshaw</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>W. H. Atchison</u>		ADDRESS <u>Maryville Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

746
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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 G. M. Atkinson

Licensed Embalmer No. 2279

P. O. Address Maryville, 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.