

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9037**

FILED APR 6 1953

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 129	
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Harvey			
b. CITY (If outside corporate limits, write RURAL and give township) Hutton		c. LENGTH OF STAY (In this place) 15 years		c. CITY OR TOWN Newton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp No 1				e. STREET ADDRESS (If rural, give location) 8150			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGIE b. (Middle) R c. (Last) ROGERS			4. DATE OF DEATH (Month) (Day) (Year) March 27 1953				
5. SEX M		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Oct 10 1879	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 5 Days 17		IF UNDER 1 HR. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler maker			10b. KIND OF BUSINESS OR INDUSTRY RR road		11. BIRTHPLACE (City and State or Foreign Country) Newton Kansas		12. CITIZEN OF WHAT COUNTRY? America
13a. FATHER'S NAME J. C. Rogers			13b. MOTHER'S MAIDEN NAME Mary Lander			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no. or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. OK		17. INFORMANT'S SIGNATURE OR NAME ADDRESS State Hosp No 1 Hutton Mo		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis 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
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 002X					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) (Min.)		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 1-1 , 19 53 , to 3-27 , 19 53 , that I last saw the deceased alive on 3-27 , 19 53 , and that death occurred at 10:40 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) O. R. Price M.D.			23b. ADDRESS Hutton Mo			23c. DATE SIGNED 3/27/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-1-53		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board Columbia		24d. LOCATION (City, town, or county) (State) Mo	
DATE REC'D BY LOCAL REG. Apr-1-1953		REGISTRAR'S SIGNATURE Maretha Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE J. O. Roberts		ADDRESS Columbia Mo	

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

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.