

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

16855

State File No.

360

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 6225 Registrar's No. 83

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) | |
| a. COUNTY <u>Vernon</u> | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wash. Township</u> | c. LENGTH OF STAY (In this place) <u>2-5-14</u> | d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u> |
| a. STATE <u>Mo.</u> | | b. COUNTY <u>Bates</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amoret</u> | | d. STREET ADDRESS (If rural, give location) <u>Unknown</u> | |

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|--|---|--|--|---|---|
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | |
| a. (First) <u>James</u> | b. (Middle) <u>Wesley</u> | c. (Last) <u>Rogers</u> | (Month) <u>May</u> | (Day) <u>2</u> | (Year) <u>1953</u> |
| (Type or Print) | | | | | |
| 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>March 24-1867</u> | 9. AGE (In years last birthday) <u>86</u> | 10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

| | | |
|--|--|---|
| 13a. FATHER'S NAME <u>William Rogers</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Stuel</u> | 14. NAME OF HUSBAND OR WIFE <u>Mattie M. Rogers</u> |
| 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>Records State Hosp # 3 Nevada Mo.</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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>9 years +</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</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>Senile Psychosis</u> | | <u>2 yrs 6 mos.</u> | |

| | | |
|--|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | <u>304X</u> | |
| 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 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 March 15, 1953, to May 2, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 1:45 m., from the causes and on the date stated above.

| | | |
|---|---|---------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>George Wheeler Wilson M.D.</u> | 23b. ADDRESS <u>State Hospital # 3</u> | 23c. DATE SIGNED <u>5-2-53</u> |
|---|---|---------------------------------------|

| | | | |
|--|-------------------------------------|--|---|
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 5, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>West Point Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Bates Co. Mo.</u> |
|--|-------------------------------------|--|---|

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|---|---|---|----------------------------------|
| DATE REC'D BY LOCAL REG. <u>5-6-1953</u> | REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence Underwood</u> | ADDRESS <u>Butler Mo.</u> |
|---|---|---|----------------------------------|

No. 300
10-48

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

180
2

MO

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 *Jalen G. Henderson*
Licensed Embalmer No. *3685*

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.