

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39257****5288**BIRTH NO. **34729**
FILED NOV 25 1953REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Camden		
b. CITY OR TOWN Kansas City, Missouri		c. LENGTH OF STAY (In this place) 59 Da - 2 1/2 hr	c. CITY OR TOWN Camdenton		015-0
d. FULL NAME OF HOSPITAL OR INSTITUTION Children's Mercy Hospital			d. STREET ADDRESS (If rural, give location) General Delivery		
3. NAME OF DECEASED (Type or Print) a. (First) Jackie		b. (Middle) Dale	c. (Last) Rogers	4. DATE OF DEATH (Month) (Day) (Year) 11 - 8 - 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child	8. DATE OF BIRTH 6-20-53	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (City and State or Foreign Country) Camdenton, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Leonard Rogers		13b. MOTHER'S MAIDEN NAME Annabel Green	14. NAME OF HUSBAND OR WIFE Child		
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 Leonard Rogers, Camdenton, Mo. ADDRESS 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fibro-Cystic disease of the Pancreas			INTERVAL BETWEEN ONSET AND DEATH
		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.			5872
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 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 Sept 10, 1953 , to Nov 8, 1953 , that I last saw the deceased alive on Nov 9, 1953 , and that death occurred at 9:20 A.m. , from the causes and on the date stated above.					
23a. SIGNATURE Julius M. Kantor (Degree or title) MD			23b. ADDRESS Children's Mercy Hospital		23c. DATE SIGNED 11-8-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-8-53	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	24d. LOCATION (City, town, or county) (State) Decaturville Mo.	
DATE REC'D BY LOCAL REG. 11-8-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Bill Woolrey ADDRESS Camdenton Mo.	

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

Not Embalmed

To be buried in Union Cemetery at
Decaturville, Md

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 _____

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 this body is not embalmed, fact should be so stated above.