

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

628

State File No.

BIRTH NO. 890-54 EUE FEB 9 1954 REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 5287 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - FISHING RIVER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - FISHING RIVER</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>3 MILES SW EXCELSIOR SPGS.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 MILES SW EXCELSIOR SPGS.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CLYDE</u>	b. (Middle) <u>JAMES</u>	c. (Last) <u>ROGERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 30 1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JAN. 29, 1954</u>	9. AGE (In years last birthday) <u>16</u> <input checked="" type="checkbox"/> MONTHS <u>1</u> <input checked="" type="checkbox"/> DAYS <u>16</u> <input type="checkbox"/> HOURS <u>-</u> <input type="checkbox"/> MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>HUEY ROGERS</u>	13b. MOTHER'S MAIDEN NAME <u>MABEL BALES</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Huey Rogers, Rt #2, Ex. Spgs, Mo.</u>	ADDRESS
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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>6 hr.</u> <u>16 hr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral anaemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature Separation of Membranes</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>7950</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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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 6:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Liberty, Mo.</u>	23c. DATE SIGNED <u>2-2-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-31-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OLD NEW GARDEN</u>	24d. LOCATION (City, town, or county) (State) <u>RURAL-EX. SPRINGS, MO.</u>
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DATE REC'D BY LOCAL REG. <u>FEB 9 1954</u>	REGISTRAR'S SIGNATURE <u>Clyde A. Bridger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Claude Richard</u>	ADDRESS <u>Excelsior Springs Mo.</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Lindell R. Jarman

Signed.....

Student Embalmer

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs

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.