

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1755

State File No.

BIRTH NO. <u>FILED FEB 4 1954</u>		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>			
c. LENGTH OF STAY (In this place) <u>70 yrs</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>527 Howard St.</u>				d. STREET ADDRESS (If rural, give location) <u>527 Howard St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JANIE</u>		b. (Middle)		c. (Last) <u>RODGERS</u>	
4. DATE OF DEATH		(Month) <u>Jan</u>		(Day) <u>24</u>		(Year) <u>1954</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Sept 24, 1883</u>	
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>70</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carthage, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>seamstress at Smith Bros. Mfg. Co</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>William Rodgers</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca M. Ireland</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u>	
16. SOCIAL SECURITY NO. <u>490-10-0814</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Markham</u>		18. ADDRESS <u>527 Howard St. Carthage</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>15 wks</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Muscular Atrophy</u> ANTECEDENT CAUSES <u>None</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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				20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <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	
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 <u>Sept 2 1953</u> to <u>Jan 24 1954</u> , that I last saw the deceased alive on <u>Jan 23, 1954</u> , and that death occurred at <u>8:45p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. B. Baker</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Carthage, Missouri</u>		23c. DATE SIGNED <u>Jan 25, 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 27, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jasper Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jasper County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 27-54</u>		REGISTRAR'S SIGNATURE <u>Hayden B. Clinton M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u>		ADDRESS <u>Carthage, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 3 1954

Jasper County Health Office

County File Number 54-2-92

Date Filed FEB 3 1954

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 _____

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address _____

Carthage, 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.