

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

State File No. **13030**

FILED MAY 11 1954

Registrar's No. **9**

BIRTH NO. _____		REG. DIST. NO. <b>298</b>		PRIMARY REG. DIST. NO. <b>6024</b>		Registrar's No. <b>9</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Ray</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Elmira</b>		c. LENGTH OF STAY (In this place) <b>1 yr</b>		c. CITY OR TOWN <b>Rural Elmira</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>New Elmira mo</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>New Elmira mo</b>		e. STREET ADDRESS (If rural, give location) <b>New Elmira mo. 0890</b>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <b>LENA</b>		b. (Middle) <b>B</b>		c. (Last) <b>ROGERS</b>		6. DATE OF BIRTH (Month) (Day) (Year) <b>Apr 30-54</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug 11-1884</b>		9. AGE (In years last birthday) <b>69</b>		10. UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (City and State of Foreign Country) <b>Edgerton Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Ralph McCall</b>		14. MOTHER'S MAIDEN NAME <b>Joseph Rogers</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elgia Rogers</b>		ADDRESS <b>Elmira mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS			
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. DATE OF OPERATION		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		23. SIGNATURE (Degree or title) <b>Dr. E. Baker</b>	
23a. BIRTHPLACE (City, town, or county) (State)		23b. ADDRESS <b>Coronet Richmond MO</b>		23c. DATE SIGNED <b>5-3-54</b>		24a. BURYAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>Apr. 30-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>		24d. LOCATION (City, town, or county) (State) <b>Liberty mo.</b>		DATE REC'D BY LOCAL REG. <b>May 6, 1954</b>	
REGISTRAR'S SIGNATURE <b>Mrs. Raymond Grove</b>		364		FUNERAL DIRECTOR'S SIGNATURE <b>Church Archer B. Liberty mo.</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

JUL 15 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.....  
Signature of Student Embalmer

Signed.....  
*John Lombard*

Licensed Embalmer No. 444

P. O. Address Liberty

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.