

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24109

State File No. ....

BIRTH NO. 97267-54 REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 457

1. PLACE OF DEATH a. COUNTY <u>RIPLY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLY</u>	
b. CITY OR TOWN <u>DONIPHAN</u>	c. LENGTH OF STAY (in this place) <u>1 DAY</u>	c. CITY OR TOWN <u>DONIPHAN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COMMUNITY HOSP.</u>		Ft. STREET ADDRESS (If rural, give location) <u>ROUTE #2</u> <u>0410</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>DUANE</u> c. (Last) <u>RODGERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 19, 1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>JUNE 18, 1954</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>6</u>
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>---</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>DONIPHAN - MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>MANSEL RODGERS</u>	13b. MOTHER'S MAIDEN NAME <u>RUTH ARMES</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MANSEL RODGERS - DONIPHAN - MO.</u> ADDRESS <u>---</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis of lung</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>abnormal neonatal development</u> DUE TO (c) <u>---</u>		
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>76-20</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 6-18, 1954 to 6-19, 1954, that I last saw the deceased alive on 6-19, 1954 and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Johnson M.D.</u> (Degree or title)	23b. ADDRESS <u>Doniphan, Mo</u>	23c. DATE SIGNED <u>7-9-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/20/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CHURCH Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>RIPLY Co. MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>7-9-54</u>	REGISTRAR'S SIGNATURE <u>W.A. Johnston 227</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>EDWARDS FUNERAL HOME, DONIPHAN, MO.</u> ADDRESS <u>---</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

*There was no arterial embalming done on the*

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.....  
*Gene Harrent*

Licensed Embalmer No. *480*

P. O. Address *Wright*

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.