

FILED NOV 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36217

State File No.

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 31

| | | | |
|---|-----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>SCOTT</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>SCOTT</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u> | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 COOK</u> | | d. STREET ADDRESS (If rural, give location) <u>119 COOK</u> | |

| | | | | | |
|--|---------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>CATHERINE</u> c. (Last) <u>RODGERS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10 29 54</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | 8. DATE OF BIRTH <u>July 27, 1868</u> | | 9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>2</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u> | 11. BIRTHPLACE (State or foreign country) <u>BROUGHTON ILL.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>✓</u> |

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|--|--|--|--|--|--|
| 13. FATHER'S NAME <u>GEORGE VICKERS</u> | | 13b. MOTHER'S MAIDEN NAME <u>NO RECORD</u> | | 14. NAME OF HUSBAND OR WIFE <u>J. W. RODGERS</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> | | 16. SOCIAL SECURITY NO. <u>✓</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray Wilson-Chaffee Mo</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>ACUTE CARDIAC DECOMPENSATION</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>36 HRS</u> |
| | | ANTECEDENT CAUSES DUE TO (b) <u>ARTERIOSCLEROSIS</u> | | | <u>5 YRS?</u> |
| | | DUE TO (c) <u>"CARDIOVASCULAR-RENAL DISEASE, CHOLECYSTITIS, CYSTITIS"</u> | | | <u>5 YRS</u> |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION <u>NONE</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>NONE</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>NONE</u> | |

22. I hereby certify that I attended the deceased from JAN, 1952, to OCT, 1954, that I last saw the deceased alive on 10-29, 1954, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

| | | | | | |
|---|--|---|--|---|--|
| 23a. SIGNATURE: <u>H. J. Masebach, D.O.</u> (Degree or title) | | 23b. ADDRESS <u>Chaffee, Mo.</u> | | 23c. DATE SIGNED <u>11-1-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u> | | 24b. DATE <u>10-31-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MORLEY CEM.</u> | |
| | | 24d. LOCATION (City, town, or county) (State) <u>MORLEY MO.</u> | | | |

| | | | | | |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>11-6-54</u> | | REGISTRAR'S SIGNATURE <u>Mary Bradley Lopp</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm Stubbbs-Chaffee Mo</u> | |
|---|--|--|--|---|--|

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

NOV 8 1954

DATE RECEIVED

SCOT. CO

CO. FILE No.

454-227

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

C. J. Larson

Licensed Embalmer No.

3810

P. O. Address

Cape Girardeau

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.