

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37218

State File No. _____

FILED NOV 19 1954

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 90

451
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. LENGTH OF STAY (in this place) <u>9 months</u>	c. CITY OR TOWN <u>FAYETTE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rhodes Convalescent Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roslana</u> b. (Middle) <u>V.</u> c. (Last) <u>Weeks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1. 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 17, 1883</u>
9. AGE (In years last birthday) <u>71</u> <input type="checkbox"/> UNDER 1 YEAR <u>3</u> Months <u>14</u> Days <input type="checkbox"/> UNDER 1 HR. <u>0</u> Hours <u>0</u> Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House W.C.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frank Rogers</u>	
13b. MOTHER'S MAIDEN NAME <u>Lela M. Gray</u>		14. NAME OF HUSBAND OR WIFE <u>Shirley T. Weeks (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (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>Daniel C Rogers (Fayette Mo.)</u>		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Vascular Renal Disease</u> DUE TO (c) <u>Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>y</u>	
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 <u>1-1, 1952</u> to <u>11-1, 1954</u> , that I last saw the deceased alive on <u>10-1, 1954</u> , and that death occurred at <u>10</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>W. J. Bloom M.D.</u>		23b. ADDRESS <u>Fayette Mo.</u>	
23c. DATE SIGNED <u>11-1-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Nov. 2, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Paris, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Funeral Home (Cassettown Mo.)</u>	
DATE REC'D BY LOCAL REG. <u>11-1-54</u>		REGISTRAR'S SIGNATURE <u>Mary T. Shell</u> <u>436</u>	

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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 *P. M. Marshall*

Licensed Embalmer No. *2525*

P. O. Address *Carleton*

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.