

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State/File No. 37842

BIRTH NO.		REG. DIST. NO. 167	PRIMARY REG. DIST. NO. 4256	Registrar's No. 35
1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) Holden		c. LENGTH OF STAY (In this place) 33 year	c. CITY OR TOWN Holden	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF HOSPITAL OR INSTITUTION Holden Hospital & Clinic		4. STREET ADDRESS (If rural, give location) 504 South Main St., 0510		
3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) E. c. (Last) Rogers		4. DATE OF DEATH (Month) (Day) (Year) Nov 8, 1954		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 17, 1880	9. AGE (In years last birthday) Months Days If Under 24 Hrs. Min. 73 11 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Quasquinton, Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME William G. Anson		13b. MOTHER'S MAIDEN NAME Harriet Blair	14. NAME OF HUSBAND OR WIFE Herbert F. Rogers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herbert F. Rogers, Holden, Missouri	
18. CAUSE OF DEATH Enter 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) Pulmonary Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 444 X		20. AUTOPSY? YES <input type="checkbox"/> NO <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 (Month) (Day) (Year) (Hour) m.		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 Jan 1, 1954, to Nov 8, 1954, that I last saw the deceased alive on Nov 8, 1954, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE G. W. Inouard		(Degree or title) M.D.	23b. ADDRESS Holden, Mo	23c. DATE SIGNED 11-16-54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11/10/54	24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	24d. LOCATION (City, town, or county) (State) Holden, Missouri	
DATE REC'D BY LOCAL REG. 11-16-54	REGISTRAR'S SIGNATURE Mrs. H. P. Redford	150-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday and Ropp, Holden, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 10-48

0510

RECEIVED
NOV 18 1954
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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 *M. J. Canaday*.....

Licensed Embalmer No.....3434

P. O. Address.....Holden, Mi.

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.