

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____		REG. DIST. NO. <u>25</u>		PRIMARY REG. DIST. NO. <u>4036</u>		Registrar's No. <u>10</u>		
1. PLACE OF DEATH a. COUNTY <u>BATES.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES.</u>				
b. CITY OR TOWN <u>RICH HILL.</u>		c. LENGTH OF STAY (In this place) <u>48 HRS.</u>		c. CITY OR TOWN _____		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>TROUT CONVELESANT HOME.</u>				e. STREET ADDRESS (If rural, give location) <u>5 Mi. S.E. RICH HILL.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>WESTLEY</u> c. (Last) <u>ROGERS.</u>			4. DATE OF DEATH <u>MAY-27-1955</u> (Month) (Day) (Year)					
5. SEX <u>MALE.</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED.</u>		8. DATE OF BIRTH <u>JAN-20-1886</u>		
9. AGE (In years last birthday) <u>69</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ANIMAL GROOM.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRADER.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>EAST ST LOUIS ILL.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>61-111-1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Miller Rich Hill, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephrotic Pneumonia</u> ANTECEDENT CAUSES <u>Portal cirrhosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>5810</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>3 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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) _____		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>March</u> , 19 <u>55</u> , to <u>May 27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 26</u> , 19 <u>55</u> , and that death occurred at <u>6:10 p.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Thomas A. Boyd D.D.</u> (Degree or title)				23b. ADDRESS <u>Rich Hill, Mo.</u>		23c. DATE SIGNED <u>5-31-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>		24b. DATE <u>5/31/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREEN HAWK CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>RICH HILL MISSOURI.</u>		
DATE REC'D BY LOCAL REG. <u>June 1, 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edwin Douglas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Sew. Rich Hill, Mo.</u> ADDRESS _____				

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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 *Robert G. Steinbeck*

Licensed Embalmer No. *465*

P. O. Address *Butler,*

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.