

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37001**  
**4605**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY OR TOWN <u>Kansas City, Mo.</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Ozark</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hosp.</u>		STREET ADDRESS (If rural, give location) <u>2111</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Theresa b. (Middle) Ann c. (Last) Rogers  
4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Feb. 17, 1955  
9. AGE (In years last birthday) 9 IF UNDER 1 YEAR Months 9 IF UNDER 2 HRS. Days 9 Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or Foreign Country) Coincidenceville, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Tommie Rogers 13b. MOTHER'S MAIDEN NAME Louann Richardson 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Louann Rogers ADDRESS Ozark, Mo.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia hemorrhagic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10-23-55</u> <u>10-25-55</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Jauundice</u> DUE TO (c) <u>Unknown</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 \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 10-23, 1955, to 10-25, 1955, that I last saw the deceased alive on 10-25, 1955, and that death occurred at 9:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE Wayne Harv (Degree or title) MD 23b. ADDRESS Children's Mercy Hosp. N.C. 40 23c. DATE SIGNED 10-25-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 10/26/55 24c. NAME OF CEMETERY OR CREMATORY Lutie Cemetery 24d. LOCATION (City, town, or county) (State) AVA, Mo.

DATE REC'D BY LOCAL REG. 10-26-55 REGISTRAR'S SIGNATURE W. W. Newcomer 25. FUNERAL DIRECTOR'S SIGNATURE W. W. Newcomer ADDRESS South N. K. C. Mo.

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

1. Hill. 10. 9  
2. Howland. 22.

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 *John W. Halsbeck*

Licensed Embalmer No. *494*  
P. O. Address *No. 250*

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.