

THE DIVISION OF HEALTH OF "MISSOURI"
STANDARD CERTIFICATE OF DEATH

State File No. 37126
4-661

FILED NOV 30 1955

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		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>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Independence</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>yes</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanitarium</u>				e. STREET ADDRESS (If rural, give location) <u>10107 E. 18th St.</u> <u>700 J</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Rogers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 1955</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 21, 1879</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired flagman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GM & O Ry.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jacksonville, Ills.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia McMahan</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Orpha Rogers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Orpha Rogers, Independence, Mo.</u>			
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>Myocardial infarction</u> ANTECEDENT CAUSES <u>Coronary thrombosis</u> DUE TO (b) _____ DUE TO (c) <u>preceded by H2O1</u> II. OTHER SIGNIFICANT CONDITIONS <u>Virus upper respiratory</u> Conditions contributing to the death but not related to the disease or condition causing death					INTERVAL BETWEEN ONSET AND DEATH <u>40 hrs.</u> <u>48 hrs.</u> <u>1 mo.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Nov 15, 1955</u> , to <u>Nov 24, 1955</u> , that I last saw the deceased alive on <u>Nov 23, 1955</u> , and that death occurred at <u>3:45A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas E. Hickson Jr. M.D.</u>				23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>11/24/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/26/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-26-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Independence, Mo.</u>	

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

REC-9

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 *Tom D. Marland*

Licensed Embalmer No. *459*

P. O. Address *Indep.*

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.