

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40034

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 358

|   |  |   |                       |
|---|--|---|-----------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Cole   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Osage |                       |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>TOWN Jefferson City |  | c. LENGTH OF STAY (In this place)<br>15 days  | c. CITY OR TOWN Belle |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital                                 |  | e. STREET ADDRESS (If rural, give location)<br>R. D. # 1  |                       |

|  |  |               |                  |  |  |
|--|--|---------------|------------------|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Oscar |  | b. (Middle) - | c. (Last) Rogers | 4. DATE OF DEATH (Month) (Day) (Year)<br>Dec. 12, 1955 |  |
|--|--|---------------|------------------|--|--|

|                |                           |  |                                     |                                    |                           |                          |                       |
|----------------|---------------------------|--|-------------------------------------|------------------------------------|---------------------------|--------------------------|-----------------------|
| 5. SEX<br>Male | 6. COLOR OR RACE<br>white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH<br>Feb. 19th, 1891 | 9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months 11 | IF UNDER 24 HRS. Days 23 | IF ORDER IN HRS. Min. |
|----------------|---------------------------|--|-------------------------------------|------------------------------------|---------------------------|--------------------------|-----------------------|

|   |   |   |                                     |
|---|---|---|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Clay Miner | 10b. KIND OF BUSINESS OR INDUSTRY<br>Mining | 11. BIRTHPLACE (City and State or Foreign Country)<br>Gasconade, County Mo. | 12. CITIZEN OF WHAT COUNTRY?<br>USA |
|---|---|---|-------------------------------------|

|                                      |   |   |
|--------------------------------------|---|---|
| 13a. FATHER'S NAME<br>William Rogers | 13b. MOTHER'S MAIDEN NAME<br>Margarete Williams | 14. NAME OF HUSBAND OR WIFE<br>Rhoda Jane Ridenhour |
|--------------------------------------|---|---|

|  |  |  |
|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No | 16. SOCIAL SECURITY NO.<br>513-07-6701 | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS<br>Mrs. Freda Hirschman 1019 Hawthorne |
|--|--|--|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction   |  | INTERVAL BETWEEN ONSET AND DEATH<br>few hours |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Arteriosclerosis |  |   |
|   | DUE TO (c) 4201  |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>Hypertrophy partial  |  |  | 2 year  |

|                                   |   |   |
|-----------------------------------|---|---|
| 19a. DATE OF OPERATION<br>12-8-55 | 19b. MAJOR FINDINGS OF OPERATION<br>Hypertrophy partial | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------------------------------|---|---|

|   |  |   |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)        | 21b. PLACE OF INJURY (e.g., in or out 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 Nov 27, 1955, to Dec 12, 1955, that I last saw the deceased alive on Dec 12, 1955, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

|                                     |  |                              |
|-------------------------------------|--|------------------------------|
| 23a. SIGNATURE<br>E. S. Taylor M.D. | 23b. ADDRESS<br>Jefferson City, Missouri | 23c. DATE SIGNED<br>12-13-55 |
|-------------------------------------|--|------------------------------|

|  |                       |   |  |
|--|-----------------------|---|--|
| 24a. BURIAL, CREMATION REMOVAL (Specify)<br>Rem & Burial | 24b. DATE<br>12-14-55 | 24c. NAME OF CEMETERY OR CREMATORY<br>Pilot Knob Cemetery | 24d. LOCATION (City, town, or county) (State)<br>Belle, Missouri |
|--|-----------------------|---|--|

|   |                                       |  |                      |
|---|---------------------------------------|--|----------------------|
| DATE REC'D BY LOCAL REG.<br>13 Dec 1955 | REGISTRAR'S SIGNATURE<br>R. P. Harris | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Chas. Maston | ADDRESS<br>Linn, Mo. |
|---|---------------------------------------|--|----------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 7 1958

---

---

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 *Wesley M. Martin*.....

Licensed Embalmer No. *416*

P. O. Address *Livingston*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.