

FILED JAN 16 1956

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **342**
 BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Buchanan</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Joseph</i>		c. LENGTH OF STAY (In this place) <i>Five to nine days</i>	c. CITY OR TOWN <i>St. Joseph</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital No. 2</i>			e. STREET ADDRESS (If rural, give location) <i>308 B. So. 15th St.</i> 01170		
3. NAME OF DECEASED (Type or Print) a. (First) <i>FLORA</i> b. (Middle) <i>ELIZBETH</i> c. (Last) <i>ROGERS</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>1-6-1956</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>2-20-1883</i>	9. AGE (In years last birthday) <i>72</i>	IF UNDER 1 YEAR Days <i>11</i> Hours <i>16</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housemaking</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Buchanan County, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Simmion Adams</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Elizabeth Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Frank</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>	16. SOCIAL SECURITY NO. <i>None.</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Lola and Lois Rogers, 308 B. So. 15th St. St. Joseph, Mo.</i>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Senility with dementia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio-sclerosis.</i> 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 <i>Unknown</i> <i>Unknown</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500			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 <i>6-27-</i> , 1950, to <i>1-6-</i> , 1956, that I last saw the deceased alive on <i>1-6-</i> , 1956, and that death occurred at <i>6:50 P.</i> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Forrest Thomas, M.D.</i>		23b. ADDRESS <i>State Hospital No. 2, St. Joseph, Mo.</i>		23c. DATE SIGNED <i>1-6-1956</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1/9/1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Helena Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Helena Mo.</i>		
DATE REC'D BY LOCAL REG. <i>Jan 11, 1956</i>	REGISTRAR'S SIGNATURE <i>Lochner M. Allison</i> 4857		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Horton-Brown Funeral Home - St. Joseph, Mo.</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Richard D. Collins*.....

Licensed Embalmer No. *4959*
P. O. Address *319 So. 10th St. Gary*

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.