

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 28 1956

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 450 Registrar's No. 37

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| 1. PLACE OF DEATH a. COUNTY Stoddard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico | | c. CITY OR TOWN Puxico | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (If this place) life | | e. STREET ADDRESS (If rural, give location) 1080 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Reagan Rest Home | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Loice b. (Middle) Emagean c. (Last) Rodgers | | | 4. DATE OF DEATH (Month) (Day) (Year) July 30, 1956 | | |
| 5. SEX Female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | |
| 8. DATE OF BIRTH July 2, 1923 | | 9. AGE (In years last birthday) 33 | | IF UNDER 1 YEAR Months 33 Days 33 Hours 33 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY housekeeper | | 11. BIRTHPLACE (City and State or Foreign Country) Puxico, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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| 13a. FATHER'S NAME Charles Rodgers | | 13b. MOTHER'S MAIDEN NAME Mary Ross | | 14. NAME OF HUSBAND OR WIFE single | |
| 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. XXXXXXXXXX | | 17. INFORMANT'S SIGNATURE OR NAME Elbert Hawthorne ADDRESS Puxico, Mo. | |

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|---|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3rd degree burns and probable asphyxiation. | | | INTERVAL BETWEEN ONSET AND DEATH |
| | | ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death. | | | 9/67 |

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|---|--|---|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 40 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT (Specify) Accident | | 21b. PLACE OF INJURY (e.g. In or about home, farm, factory, street, office bldg., etc.) nursing home | | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Puxico, Stoddard, Missouri | |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY July 30, 1956 10:20 P. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Nursing home burned. | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:20 P.** from the causes and on the date stated above.

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|--|--|--------------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) W. W. P. Coroner 3 | | 23b. ADDRESS Dexter, Missouri | | 23c. DATE SIGNED 7-31-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE Aug. 1, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Puxico cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) Puxico, Mo. | |

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|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. 8/24/56 | | REGISTRAR'S SIGNATURE Pearl Reed | | 25. FUNERAL DIRECTOR'S SIGNATURE Watkins & Sons ADDRESS Puxico, Mo. | |
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
V. 10.48

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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 *Marsh Watkins*.....

Licensed Embalmer No. *4717*

P. O. Address *Depto 140*

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.