

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 25 1957

12258
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 64

S. 300
v. 1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		c. CITY OR TOWN Lebanon	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hosp.		Length of stay in lb 1 Day	d. STREET ADDRESS (If outside, give location) Rt. 5
3. NAME OF DECEASED (Type or print) First DORIS Middle JEAN Last ROGERS		4. DATE OF DEATH Month April Day 11 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 17, 1939
9. AGE (In years of birthday) 17	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Housewife	11. BIRTHPLACE (City and state or country) Laclede County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME David Lawson		13b. MOTHER'S MAIDEN NAME Maxine Ford	14. NAME OF HUSBAND OR WIFE Bobby Rogers
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. None	17. INFORMANT Address Mr. Bobby Rogers Lebanon, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxemia of Pregnancy & Eclamptic Convulsions Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 9 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 6423			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12-28-56 , to 4-11-57 and last saw her alive on 4-11-57 Death occurred at 10:00A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Lebanon Mo	22c. DATE SIGNED 4-11-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-13-57	23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery
23d. LOCATION (City, town, or country) Laclede County Missouri		23e. (State)	
24. FUNERAL DIRECTOR [Signature] ADDRESS Lebanon		25. DATE RECD. BY LOCAL REG. 4-18-1957	26. REGISTRAR'S SIGNATURE Hella L. Day

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Received 4-22-57
Laclede County Health Unit
File No. 64
Date Filed 4-22-57

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 Stanleigh R. Palma

Licensed Embalmer No. 4810

P. O. Address. Lebanon, Mo

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.