

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41333

STATE FILE NUMBER

FILED DEC 11 1957

Registration District No.

267

Primary Registration District No.

3049

Registrar's No.

13

1. PLACE OF DEATH a. COUNTY Pemiscot			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before (and before)) a. STATE Missouri b. COUNTY New Madrid		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Conran		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital		Length of stay in 1b 1 Day	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Rosa Middle Maria Last Rogas			4. DATE OF DEATH Month Nov. Day 28 Year 1957		
5. SEX Female	6. COLOR OR RACE Mexican	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 3, 1957		9. AGE (In years least birthday) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and state or country) Ludington, Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Trinidad Rogas		13b. MOTHER'S MAIDEN NAME Amelia Orpeza		14. NAME OF HUSBAND OR WIFE X	
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. X	17. INFORMANT Address Trinidad Rogas Conran, 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) Circulatory and Respiratory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Fulminating upper Respiratory Infection DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5872					INTERVAL BETWEEN ONSET AND DEATH 8 hours
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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 5:50 A.M. - 28 Nov 57 to 28 Nov 57 and last saw her alive on 28 Nov 57 † Death occurred at 2 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Andrew E. Painter M.D.			22b. ADDRESS King St. Pontagoville, Missouri		22c. DATE SIGNED 29 Nov 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-29-57	23c. NAME OF CEMETERY OR CREMATORY Wardell Memorial		23d. LOCATION (City, town, or county). (State) Wardell, Missouri	
24. FUNERAL DIRECTOR Osburn Funeral Home, Hayti, Mo.			25. DATE RECD. BY LOCAL REG. 11-30-57		26. REGISTRAR'S SIGNATURE John W. German

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
MEDICAL CERTIFICATION

12-359-57

DEC 9 - 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *James A. Osburn*

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.