

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005209

STATE FILE NUMBER

Registration District No. 128

Primary Registration District No. 5461

Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Twnshp.</u>		c. CITY OR TOWN <u>Washington Twnshp.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 2, Rogersville</u>	
Length of stay in lb <u>4 yrs.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Lois</u> Middle <u>Ann</u> Last <u>White</u>			4. DATE OF DEATH Month <u>Mar.</u> Day <u>1,</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 20, 1907</u>	9. AGE (In years (at birthday)) <u>50</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Presser</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cleaning</u>		11. BIRTHPLACE (City and state or country) <u>Lebanon, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>David Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Sadie Chastain</u>		14. NAME OF HUSBAND OR WIFE <u>Albert White</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-12-0790</u>		17. INFORMANT (Sister) Address <u>Rt. 2, Mrs. Hazel Liles Rogersville, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thrombosis, Coronary & Ventricular aneurysm</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hrs</u> <u>yr?</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>			
DUE TO (c) <u>Hypertension</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>			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 <u>5:00</u> a.m. / p.m. Month, Day, Year					

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 <u>28 Feb 58</u> to <u>1 Mar 58</u> and last saw ^{her} _{him} alive on <u>28 Feb 58</u> Death occurred at <u>5:00 a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. D. Rogers M.D.</u>			22b. ADDRESS <u>Clark, Mo</u>		22c. DATE SIGNED, <u>4 Mar 58</u>

23a. BURIAL, CREMATION, or RENOVATION (Specify)		23b. DATE <u>3-4-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>McGee Cemetery</u>	
				23d. LOCATION (City, town, or county) (State) <u>Dallas County, Mo.</u>	
24. FUNERAL DIRECTOR <u>James Springfield, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>3-5-58</u>		26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard certificate. All diseases in Part I must be causally related.

MAR 14 1959

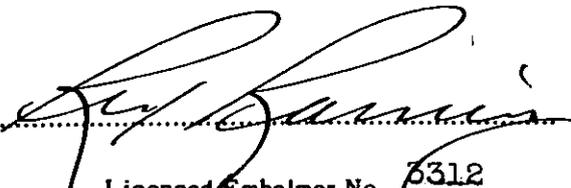
MAR 16 1959

MAR 17 1959

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 
Licensed Embalmer No. 6312
P. O. Address Springfield, 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.