

X Dr. Sweets

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5766 58-026279
STATE FILE NUMBER

FILED JUL 16 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 238

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1. PLACE OF DEATH a. COUNTY Merion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Labette		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Miller Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Parsons		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 miles W/O Hannibal,		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2020 Oak		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First U.S.A. Middle 36 Last Deborah K Rogers			4. DATE OF DEATH Month 7 Day 11 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/27/1951		9. AGE (In years last birthday) 6 IF UNDER 1 YEAR: Months 6 Days 0 Hours 0 Min. 0 IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Parsons, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Willard J. Rogers		13b. MOTHER'S MAIDEN NAME Gene Leonard		14. NAME OF HUSBAND OR WIFE - -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Willard J. Rogers, 2020 Oak, Parsons, Kan Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed head					INTERVAL BETWEEN ONSET AND DEATH immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Auto in which she was riding swerved in front			
20c. TIME OF INJURY Hour 7:30 a.m. 7 11 58 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 36			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Miller,		20g. COUNTY Hannibal Mo	
21. I attended the deceased from 7:30 A. M. to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Henry H. Sweets, Jr. M.D. Coroner 3			22b. ADDRESS Hannibal Mo		22c. DATE SIGNED 7/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/15/1958		23c. NAME OF CEMETERY OR CREMATORY Memorial Lawn Cemetery	
23d. LOCATION (City, town, or county) Parsons, Kansas			23e. (State)		
24. FUNERAL DIRECTOR H.M. O'Donnell, Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. 7-12-58		26. REGISTRAR'S SIGNATURE Dr. Em. Lucke By W. Fisher	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diagnoses in Part I must be causally related.

RECEIVED JUL 15 1958.
MARION CO. HEALTH DEPT.
DATE FILED JUL 15 1958

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 *L. M. O'Donnell*

Licensed Embalmer No...3889.....
P. O. Address...Hannibal, 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.