

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046971

STATE FILE NUMBER

FILED JAN 7 1958 Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Texas County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Michigan</u> b. COUNTY <u>Genesee</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Houston, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fenton</u> <u>8210</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Texas Co. Memorial</u>		Length of stay in lb <u>5 days</u>	d. STREET ADDRESS (If outside, give location) <u>15197 Charluene Drive</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Rhonda Ellen Rodgers</u>			4. DATE OF DEATH Month Day Year <u>12 24 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May-29-1958</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Flint, Michigan</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wilbur Lynn Rodgers</u>		13b. MOTHER'S MAIDEN NAME <u>Joyce Earnestine Garrison</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Wilbur Lynn Rodgers Flint Michigan</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>Acute broncho pneumonia</u> Conditions, if any, which gave rise to above cause (d), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>CONGENITAL ABSENCE OF COMMON BILE DUCT</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7562</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u> <u>5-29-58 FROM BIRTH</u>
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.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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.)	
21. I attended the deceased from <u>12-21-58</u> to <u>12-24-58</u> and last saw her alive on <u>12-24-58</u> Death occurred at <u>11:15 A. M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature]</u> <u>M.D.</u>		22b. ADDRESS <u>Houston, Mo.</u>	
22c. DATE SIGNED <u>12-30-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-26-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Williams Care</u>	23d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Smith-Ferguson</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 31-58</u>	26. REGISTRAR'S SIGNATURE <u>Myrtie Craig</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Robert E. Ferguson* .....

Licensed Embalmer No. *3948* .....

P. O. Address *.....*

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.