

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006771

State File No. ....

No. 300  
10.48

FILED FEB 16 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (in this place) 4 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		c. CITY OR TOWN Elsberry 0578 d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 707 No. Fourth St.			
3. NAME OF DECEASED (Type or Print) a. (First) Bertha		b. (Middle) Ellen	
c. (Last) Rogers		4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jul. 14, 1885
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 7 Days 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and State or Foreign Country) Elsberry, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Damron		13b. MOTHER'S MAIDEN NAME Ida Davis	
14. NAME OF HUSBAND OR WIFE Joseph W. 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'S SIGNATURE OR NAME T. V. Rogers, Ellsberry, Mo.		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pleurisy with effusion, left ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease DUE TO (c) Generalized Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH Undet.		Undet.	
Undet.		Undet.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 8, 1959, to Feb. 12, 1959, that I last saw the deceased alive on Feb. 11, 1959, and that death occurred at 4:40 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>T. V. Rogers</i> M.D.		23b. ADDRESS ST. Charles, Mo.	
23c. DATE SIGNED Feb. 13, 1959			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 15, 1959	
24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Elsberry, Mo.	
DATE REC'D BY LOCAL REG. Feb. 13, 59		REGISTRAR'S SIGNATURE <i>Maucella Wilson</i>	
25. FUNERAL DIRECTOR'S SIGNATURE O.G. Ricks		ADDRESS Funeral Home, Elsberry, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

