

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 19 1960 353

=60-022017

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 6111 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY Scott.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Commerce,	Length of stay in 1b 23yr	c. CITY OR TOWN Commerce, Mo.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural 1. BOX 235

3. NAME OF DECEASED (Type or print) First Middle Last Lannie xxxxxxx Rogers			4. DATE OF DEATH Month Day Year May 1 1960		
5. SEX Female	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2, 13, 1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 2 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House wife	11. BIRTHPLACE (City and state or country) Mississippi	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Emuel Nicholson		13b. MOTHER'S MAIDEN NAME Dina Eubanks		14. NAME OF HUSBAND OR WIFE James Rogers	
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. xxxxx	17. INFORMANT James Rogers Commerce, Mo. R. 1 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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 64 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterial Hypertension		4 years
	DUE TO (c) General Arteriosclerosis		4 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

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 _____ a.m. _____ p.m. _____	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <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 March 7/1956 to 4/30/60 and last saw her alive on 4/30/60 Death occurred at 12:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Fred W. Martin, D.O.		22b. ADDRESS Illino, Mo		22c. DATE SIGNED 5/7/1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-8-60	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) (State) North West 3 Sikeston, Mo.	
24. FUNERAL DIRECTOR Fred J. Smith Sikeston, Mo.		25. DATE RECD. BY LOCAL REG. 5-9-1960	26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS MAY 19 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Fred J. Smith

Licensed Embalmer No. 4428

P. O. Address Liberton

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.