V.S. No. 300
Rev. 10-48

FILED VS OCT 25 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-038909

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. _____ Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewistown (Rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 16 Prairie View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edina Missouri
d. STREET ADDRESS (If rural, give location): 520

3. NAME OF DECEASED (Type or Print)
a. (First): Jesse
b. (Middle): Francis
c. (Last): Rogerson

4. DATE OF DEATH (Month) (Day) (Year): Oct. 15 1960

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 Widowed
8. DATE OF BIRTH: June 30 1872
9. AGE (In years last birthday): 88 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Adair Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Rogerson
13b. MOTHER'S MAIDEN NAME: Celina Kirkman
14. NAME OF HUSBAND OR WIFE: Margaret Rogerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-24-0459
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Francis W. Rogerson Edina, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 18, 1960, *to* 15 Oct, 1960, *that I last saw the deceased alive on* 15 Oct, 1960, *and that death occurred at* D.O.A *m., from the causes and on the date stated above.*

23a. SIGNATURE: John W Wills (Degree or title): D.O.
23b. ADDRESS: Lewistown Mo
23c. DATE SIGNED: 17 Oct 60

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 18 1960
24c. NAME OF CEMETERY OR CREMATORY: St. Joseph's New Cem.
24d. LOCATION (City, town, or county) (State): Edina Missouri

DATE REC'D BY LOCAL REG.: 10-18-60
REGISTRAR'S SIGNATURE: Mrs. Henry Lloyd
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Kriegshauser Bros Edina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....
Student Embalmer

Signed Paul C. Kieghauser

Licensed Embalmer No. 4085

P. O. Address Edina 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 this body is not embalmed, fact should be so stated above.