

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-007338 STATE FILE NUMBER

Dr Threadgill

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 15

AMENDED

FILED VS FEB 27 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY TANEY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY TANEY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRANSON		Length of stay-in lb 5 WKS		c. CITY OR TOWN Forsyth		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Forsyth		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last ELSIE ANDREWS ROGERS						4. DATE OF DEATH Month Day Year FEB. 16, 1961							
5. SEX FEMALE		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Sept. 28, 1901		9. AGE (last birthday) 59		IF UNDER 1 YEAR Months 4 Days 18		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME Jim Andrews				13b. MOTHER'S MAIDEN NAME SAMANTHA HALL				14. NAME OF HUSBAND OR WIFE HENRY 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 Address HENRY ROGERS Forsyth, Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Cerebral Thrombosis										2 1/2 hrs			
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Metastatic Carcinoma										6 hrs			
DUE TO (c) Inoperable c.a. Metastatic										6 hrs			
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 Jan 1st 1961 to Feb 16th 1961 and last saw her ^{her} him alive on Feb 16th 1961 Death occurred at 12:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Deceased or informant) <i>[Signature]</i>						22b. ADDRESS Forsyth, Mo			22c. DATE SIGNED 2/24/61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-18-1961		23c. NAME OF CEMETERY OR CREMATORY BERGMAN Cemetery		23d. LOCATION (City, town, or county) BERGMAN, ARK							
24. FUNERAL DIRECTOR ADDRESS Forsyth Funeral Home, Forsyth, Mo				25. DATE RECD. BY LOCAL REG. 2-23-61		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>							

(Licensed Embalmer's Statement on Reverse Side)

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 Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Blanton, 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.