

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026842

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 322 Primary Registration District No. 6088 Registrar's No. 20
FILED JUL 1 1963

VS 300 Rev. 4/59	DATE AMENDED
1 0970	
2 0970	
3	
4 1	
5 1	
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7 0	
8 2	
9 181.0	
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12 96-0	
13 10	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Miami Township		Length of stay in 1b 6 years	c. CITY OR TOWN Miami Township
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD # 2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS RFD # 2
3. NAME OF DECEASED (Type or print) First MARY Middle BEATRICE Last ROGERS		4. DATE OF DEATH Month June Day 22 Year 1963	
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 3-16-16
9. AGE (last birthday) 47 years		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during usual life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Willow Springs, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13. NAME OF HUSBAND OR WIFE Clarence A. Rogers	
13a. FATHER'S NAME John Brill		13b. MOTHER'S MAIDEN NAME Lou Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Clarence A. Rogers RFD # 2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Uremia		INTERVAL BETWEEN ONSET AND DEATH 10 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) General Abdominal Cramps 3 Mon	
		DUE TO (c) Carcinoma of Bladder 10 Mon	
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 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 Nov 1962 to 22 June 63 and last saw her live on 20 June 63 . Death occurred at 7:45 p. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. L. Markham (Degree of wife)		22b. ADDRESS Marshall Mo	22c. DATE SIGNED 23 June 63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-23-63	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) Cabool, Mo.
24. FUNERAL DIRECTOR Campbell Lewis ADDRESS Marshall, Mo.	25. DATE RECD. BY LOCAL REG. 6-23-63	26. REGISTRAR'S SIGNATURE Mr. Raymond Brane	

USE BLACK INK OR TYPEWRITER RIBBON

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 Phillip L. Smith

Licensed Embalmer No. 5163

P. O. Address Marshall, 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.

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