

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29348

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 68

|  |                        |  |                                  |
|--|------------------------|--|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Barry   |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Barry   |                                  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville   |                        | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural   |                                  |
| c. LENGTH OF STAY (in this place)  |                        | 0050   |                                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Barry County Hospital  |                        | d. STREET ADDRESS 0  |                                  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Oliver   |                        | b. (Middle) Monroe   |                                  |
| c. (Last) Rogers   |                        | 4. DATE OF DEATH (Month) (Day) (Year) 8-8-1950   |                                  |
| 5. SEX male  | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married   | 8. DATE OF BIRTH 9-18-1868       |
| 9. AGE (In years last birthday) 81   |                        | IF UNDER 1 YEAR Months   | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer   |                        | 10b. KIND OF BUSINESS OR INDUSTRY  |                                  |
| 11. BIRTHPLACE (State or foreign country) Arkansas   |                        | 12. CITIZEN OF WHAT COUNTRY? USA   |                                  |
| 13a. FATHER'S NAME Richard Rogers  |                        | 13b. MOTHER'S MAIDEN NAME Elizabeth Tartuner   |                                  |
| 14. NAME OF HUSBAND OR WIFE Minnie H. Rogers   |                        | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no   |                                  |
| 16. SOCIAL SECURITY NO.  |                        | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mamie Rogers-Cassville, Mo.   |                                  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br><i>Intestinal obstruction</i><br>INTERVAL BETWEEN ONSET AND DEATH 4 or 5 da.<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                  |
| 19a. DATE OF OPERATION   |                        | 19b. MAJOR FINDINGS OF OPERATION   |                                  |
| 20. AUTOPSY?<br>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 8-7, 1950, to 8-8, 1950, that I last saw the deceased alive on 8-8, 1950, and that death occurred at 1:10 a.m., from the causes and on the date stated above.         |                        |  |                                  |
| 23a. SIGNATURE (Degree or title) <i>Mary Northcutt, M.D.</i>   |                        | 23b. ADDRESS <i>Cassville, Mo.</i>   |                                  |
| 23c. DATE SIGNED 9-14-50   |                        | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial   |                                  |
| 24b. DATE 8-10-1950  |                        | 24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant  |                                  |
| 24d. LOCATION (City, town, or county) (State) Butterfield, Missouri  |                        | 25. FUNERAL DIRECTOR'S SIGNATURE <i>J. E. Culver</i>   |                                  |
| DATE REC'D BY LOCAL REG. Sept 19-1950  |                        | REGISTRAR'S SIGNATURE <i>Grace Williams</i>  |                                  |
| 25. FUNERAL DIRECTOR'S SIGNATURE <i>J. E. Culver</i>   |                        | ADDRESS <i>Cassville</i>   |                                  |

(Licensed Embalmer's Statement on Reverse Side)

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

**DIVISION OF HEALTH OF MO.**

District No. 5 - Springfield

RECEIVED SEP 25 1950

Dist. File 950-1995

Date Filed 9-27-50

**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 Margaret C. Kenbest

Licensed Embalmer No. 4389

P. O. Address Cassville

**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.