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FILED

CERTIFICATE OF DEATH

NOV 13 1973

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 72

DO NOT WRITE
ON THIS STUBVS 300
Rev. 11/72

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Clarence William Rogers					2. male	3. November 2, 1973	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. white		5a. 71	5b. MOS. DAYS	5c. HOURS MIN.	6. Oct. 1, 1902		7a. Barry
CITY, TOWN, OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Cassville				7c. yes 7d. South Barry County Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
1. Arkansas		1. USA		10. married		11. Meda Sizemore Rogers	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 488-24-1502		13b. farming		13b. farm			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION, ZIP CODE		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	STREET AND NUMBER
14a. Missouri		14b. Barry	14c. Butterfield		14d. yes	14e. Butterfield	14f.
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Barney Rogers					16. Mary Itaska		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Meda Rogers				17b. Butterfield, Mo. 65623			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		18. Terminal Bronchial Pneumonia					7 days
(a) DUE TO, OR AS A CONSEQUENCE OF:		(b) Arteriosclerotic Heart Disease - Failure					years
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(c) Generalized Arteriosclerosis					years
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		Urinary Infection					AUTOPSY (YES OR NO) 19b.
IF YES WHERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19c.							
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20f. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
20a.		20f.		20g.			
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. I ATTENDED THE DECEASED FROM June 27, 1973 TO Nov 2, 1973							
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		21b. Thomas I. Durm M.D.		21c. Nov. 1, 1973		21d. Aut	
21a.		21b.		21c.		21d.	
CERTIFIER—NAME (TYPE OR PRINT)		M.D. LICENSE NO.		SIGNATURE		DEGREE OR TITLE	
22. Thomas I. Durm		23b. 23755		23c. Thomas I. Durm M.D.		23d. Nov 2, 1973	
22a.		23b.		23c.		23d.	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23a.		23b.		23c.		23d.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION			
24a. Burial		24b. Mt. Pleasant Cem.		24c. Butterfield, Mo.			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. Nov. 5, 1973		25a. Culver's P.O. Box 36		24e. Cassville, Mo. 65625			
FUNERAL DIRECTOR—SIGNATURE		REG. NO.		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25b. M.C. Hendest		25c. 1717		25d. Nedred Hare		25e. Nov. 5, 1973	
25b.		25c.		25d.		25e.	

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

7b. 0730
7d. 10236
8. 05
14a. 29
14b. 609
14c. 06/51
14e. 010
23. 2023755
26a. 3
18-U. 4123
18-S. 14
18-S. 2.
20a-f.
20g-St.
20g-Co.
20g-Cy.

NOV 26 1973

Journal permit obtained 11-5-73 mb

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 Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.

Henbest, D. M.