

No. 300
10-48

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21596**
Registrar's No. **5391**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) 30 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 17 - 3439 Lafayette Avenue			
d. FULL NAME OF HOSPITAL OR INSTITUTION Josephine Heitkamp Hospital				d. STREET ADDRESS (If rural, give location) 17 - 3439 Lafayette Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) LILLIAN		b. (Middle) ENGLAND		c. (Last) ROGERS		4. DATE OF DEATH (Month) (Day) (Year) June 20 1949			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH FEB-9-1866		9. AGE (In years last birthday) 83 / If under 1 year: Months 4 / Days 11 / If under 12 hrs: Hours _____ / Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Lodi, Ohio		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME England		13b. MOTHER'S MAIDEN NAME Flavia Fullerton		14. NAME OF HUSBAND OR WIFE Wilson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Clara Rowland ADDRESS 3250 So. Grand Bl.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myo Carditis				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension				Interval: bedfast	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 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) Lodi, Ohio					
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 H 2nd					
22. I hereby certify that I attended the deceased from 4-20 , 19 49 , to 6-2-49 , 19 49 , that I last saw the deceased alive on 6-20 , 19 49 , and that death occurred at 7 P. m., from the causes and on the date stated above.									
23a. SIGNATURE Clara Rowland M.D. (Degree or title)				23b. ADDRESS 1927 1/2 Union		23c. DATE SIGNED 6-22-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-22-49		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Lodi, Ohio			
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE J. W. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Allen V. McLaughlin		ADDRESS 3301 Lafayette			

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

Dr. C.G. Drum
1927a No. Union Bl.

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 L R Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.