

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30723

State File No. _____

FILED OCT 4 1949

S. No. 500
V. 10.48

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 291

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—9-23

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Blue)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Blue	
c. LENGTH OF STAY (in this place) 14 yrs		d. STREET ADDRESS (If rural, give location) R.F.D. #2 Indep. Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 2 Indep. Mo.		d. STREET ADDRESS (If rural, give location) R.F.D. #2 Indep. Mo.	
3. NAME OF DECEASED (Type or Print) Daisy D. Rogers			4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 1949
a. (First)	b. (Middle)	c. (Last)	
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 16 1885
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. 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 home	11. BIRTHPLACE (State or foreign country) Shell City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George W. Dallas		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE William W. Rogers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or date of service)		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William W. Rogers R.R. 2 Indep. Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Several hrs	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) X			
DUE TO (c) X			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? X	
22. I hereby certify that I attended the deceased from Sept 9, 1949 , to Sept 16, 1949 , that I last saw the deceased alive on Sept 9, 1949 , and that death occurred at 7 A m. , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) John W. Robertson		23b. ADDRESS Buckner, Mo.	23c. DATE SIGNED 9-16-1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-19-49	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24d. LOCATION (City, town, or county) (State) Independence Mo.
DATE REC'D BY LOCAL REG. 9-19-49	REGISTRAR'S SIGNATURE James H. Stealy	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS OTT & MITCHELL INDEP. MO.	

Given name of Mother, Martha Ann, Vante

SEP 28 REC

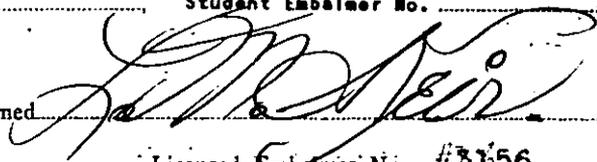
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. #3256

P. O. Address Independence, 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 this body is not embalmed, fact should be so stated above.