

FILED JUN 29 1950

STANDARD CERTIFICATE OF DEATH

19574

State File No.

No. 300
10.48-

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

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 4071 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton</u> <u>115.0</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - Gen Del</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Green</u> b. (Middle) <u>Berry</u> c. (Last) <u>Rogers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 18 - 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>whit</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb 19 - 1878</u>
9. AGE (In years, Months, Days) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>	11. BIRTHPLACE (State or foreign country) <u>Camden Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (State or foreign country) <u>Camden Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Gilliam Rogers</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane McQuire</u>	14. NAME OF HUSBAND OR WIFE <u>Leu Rector Rogers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leu Rogers</u> ADDRESS <u>Camdenton Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Insufficiency</u> <u>Heart</u> <u>640</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>no</u> DUE TO (c) <u>no</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no procedure</u>	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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>50</u> , to <u>June 18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-18</u> , 19 <u>50</u> , and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. S. Labroni M.D.</u>		23b. ADDRESS <u>Camdenton Mo</u>	23c. DATE SIGNED <u>6-23-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-21-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Linn Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>
DATE REC'D BY LOCAL REG. <u>June 23 1950</u>	REGISTRAR'S SIGNATURE <u>Zilpha Traw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen-Woolery</u> ADDRESS <u>Camdenton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DISTRICT HEALTH OFFICE No. _____
District File Number _____
Date Filed 6-28-57

MS
MAY 26 1960

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 Phil Jackson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.