

FILED AUG 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. 22726

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

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY OR TOWN <u>RICH HILL</u>		c. CITY OR TOWN <u>RICH HILL</u> <u>0070</u>	
c. LENGTH OF STAY (In this place) <u>48 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>820 S. 4TH ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>820 S. 4TH ST.</u>		d. STREET ADDRESS (If rural, give location) <u>820 S. 4TH ST.</u>	
3. NAME OF DECEASED (Type or Print) <u>NORA-ELIZABETH-ROGERS.</u>			4. DATE OF DEATH <u>AUGUST-6-1950</u>
a. (First)		b. (Middle)	
c. (Last)		4. DATE (Month) (Day) (Year)	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN-28-1877</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 1 HR.: Hours _____ Min. _____		9. AGE (In years last birthday)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>AQUASHICOLA PA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ALBERT FRANKINFIELD</u>		13b. MOTHER'S MAIDEN NAME <u>ELMIRA GRUBER</u>	
14. NAME OF HUSBAND OR WIFE <u>DAVID ROGERS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. W. Long-Rich Hill, Mo.</u>		ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arteriosclerosis.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		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 <u>July 2, 1950</u> , to <u>July 6, 1950</u> that I last saw the deceased alive on <u>July 5, 1950</u> and that death occurred at <u>9:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Frances J. Adams</u>		23b. ADDRESS <u>Rich Hill, Mo.</u>	
23c. DATE SIGNED <u>Aug 11, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG-9-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN</u>		24d. LOCATION (City, town, or county) (State) <u>RICH HILL, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Aug 9, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Carol Douglas</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Home Rich Hill, Mo</u>		ADDRESS _____	

1951 91 5014

RECEIVED 8-11-50
DISTRICT HEALTH OFFICE No. 2
District File Number _____
Date Filed 8-11-50

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 Robert J. Steinbuch

Licensed Embalmer No. 4659

P. O. Address Butler, Pa.

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.