

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32989

0241
1

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>	c. LENGTH OF STAY (in this place) <u>7 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u> <u>0241</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Water St.</u>		d. STREET ADDRESS (If rural, give location) <u>North Water St.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Elizabeth</u>	b. (Middle) <u>O.</u>	c. (Last) <u>Rodgers</u>	(Month) <u>Oct.</u>	(Day) <u>29</u>	(Year) <u>1950</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>May 8 1863</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR <u>5</u> Months	IF UNDER 1 YEAR <u>21</u> Days	IF UNDER 1 HR. <u></u> Hours	IF UNDER 1 HR. <u></u> Min.
----------------------	-------------------------------	---	------------------------------------	--	---	---------------------------------	--------------------------------	------------------------------	-----------------------------

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 <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Jamestown, N. Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>
--	--	---	---	--	---

13a. FATHER'S NAME <u>William OConner</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Groves</u>		14. NAME OF HUSBAND OR WIFE <u>James B. Rodgers</u>	
---	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Briningm</u> ADDRESS <u>Liberty, Mo.</u>			
--	-----------------------------------	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	DUE TO (b) _____				
	DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				<u>794X</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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

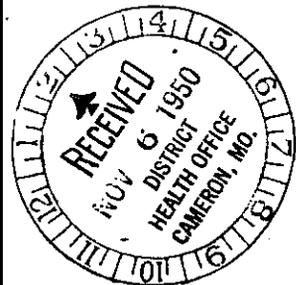
22. I hereby certify that I attended the deceased from April, 1950, to Oct. 29, 1950, that I last saw the deceased alive on Oct. 27, 1950, and that death occurred at 1:30a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. O. Schroeder, M.D.</u> (Degree or title)		23b. ADDRESS <u>Liberty, Mo.</u>		23c. DATE SIGNED <u>10/29/50</u>	
---	--	----------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 29-50</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Maywood, Illinois</u>	
--	-----------------------------	------------------------------------	--	--	--

DATE REC'D BY LOCAL REG. <u>Oct-29-1950</u>	REGISTRAR'S SIGNATURE <u>Minnie Hayes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Church - Archer Co.</u> ADDRESS <u>Liberty, Mo.</u>		
---	---	--	--	--	--

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



AUG 24 1951

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. _____

P. O. Address _____

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.