

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **36019**

6013

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>308</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		d. STREET ADDRESS (If rural, give location) <u>413 West Scott</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grim-Smith Memorial Hospital</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Matilda</u> b. (Middle) <u>E.</u> c. (Last) <u>Rogers</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>November 12, 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>September 11, 1868</u>		9. AGE (In years last birthday) <u>82</u>		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>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Daniel Hetrick</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Mohoney</u>			
14. NAME OF HUSBAND OR WIFE <u>Geo A. Rogers (D)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Helen Rogers (Daughter)</u> ADDRESS <u>Kirksville 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic + degenerative heart disease</u> ANTECEDENT CAUSES: <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS (w) <u>cerebral hemorrhage</u> (v) <u>body perforation</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> <u>4200</u> <u>2 yrs.</u> <u>3 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (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 <u>Sgt</u> , 19 <u>47</u> , to <u>11-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-12</u> , 19 <u>50</u> , and that death occurred at <u>1:50A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert B. Davis</u> (Degree or title) _____				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>Nov 13, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-14-50</u>		24c. NAME OF CEMETERY OR CREMATORIAL _____ <u>Highland Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-14-50</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u> ADDRESS <u>Kirksville, Mo.</u>					

Date Received: NOV 22 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-58-1971
Date Filed: NOV 25 1950

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 B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.