

THE DIVISION OF HEALTH OF MISSOURI

FILED DEC 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. **36252**  
 Registrar's No. **1382**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>five</b>	c. CITY OR TOWN <b>St. Joseph</b>	<b>0117</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1928 Francis St.</b>		d. STREET ADDRESS (If rural, give location) <b>1928 Francis Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Catherine</b> b. (Middle) <b>Louise</b> c. (Last) <b>Rogers</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 4, 1950</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Apr. 21, 1881</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired secretary</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>doctors office</b>	11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Phil Rogers</b>	13b. MOTHER'S MAIDEN NAME <b>Louisa Sommer</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Philip M. Rogers</b> ADDRESS <b>1928 Francis, St. Joseph, Mo.</b>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probable cerebral-vascular accident</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Essential hypertension</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>   <b>Unknown</b>   <b>331X</b>
---	--	--	--

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) (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 **Dec 4, 1950**, to **Dec 4, 1950**, that I last saw the deceased **at home**, 19\_\_\_\_, and that death occurred at **9: A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W.D. O</b>	23b. ADDRESS <b>902 Edward St. - St. Joseph</b>	23c. DATE SIGNED <b>12/5/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 6, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>
24d. LOCATION (City, town, or county) <b>St. Joseph, Missouri</b>	24e. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. <b>Dec 8, 1950</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casco</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W.H.G. Heaton-Berman</b> ADDRESS <b>St. Joseph, Mo.</b>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

*Oliver*

---

---

**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.

Signed *William Spalding*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4535*

P. O. Address *2195 10th St. Joseph, 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.