

No. 300
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STANDARD CERTIFICATE OF DEATH

State File No. 40506

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3024 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Fayette		c. CITY (If outside corporate limits, write RURAL and give township) Fayette	
c. LENGTH OF STAY (in this place) 10 Da.		0451	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		d. STREET ADDRESS (If rural, give location) 104 Linn St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Rogers	b. (Middle) Henry	c. (Last) Brenner	4. DATE OF DEATH (Month) (Day) (Year) Dec. 14 1950
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Apr. 27, 1932	9. AGE (In years) (Month) (Day) (Min.) 18 17
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10a. USUAL OCCUPATION (Give kind of work done during most of lifetime) Fayette High School	10b. KIND OF BUSINESS OR INDUSTRY Student	11. BIRTHPLACE (State or foreign country) Granite City, Ill. /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Joseph Brenner	13b. MOTHER'S MAIDEN NAME Minnie Gertrude Rogers	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Alex Rogers	ADDRESS Fayette, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 1991
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Sympho sarcoma - chest</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct 2, 1950, to Dec. 14, 1950, that I last saw the deceased alive on Dec. 14, 1950 and that death occurred at 9 AM, from the causes and on the date stated above.

23a. SIGNATURE <i>M. Reed M.D.</i>	(Degree or title)	23b. ADDRESS Fayette MO	23c. DATE SIGNED 12-16-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 12/16/50	24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery	24d. LOCATION (City, town, or county) (State) Fayette, MO
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DATE REC'D BY LOCAL REG. 12-16-50	REGISTRAR'S SIGNATURE Mary K. Shepp	446	25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr	ADDRESS Fayette, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student embalmer No.....
Ralph A. Carr

Licensed Embalmer No. *3340*

P. O. Address *Fayette 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.