

STANDARD CERTIFICATE OF DEATH

State File No. 1738

FILED FEB 15 1951

BIRTH NO. REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5665 Registrar's No. 14

560

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

1. PLACE OF DEATH a. COUNTY <b>LEWIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Lewis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>SALEM</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>newark - Rural - Salem</b>	
c. LENGTH OF STAY (in this place) <b>all life</b>		d. STREET ADDRESS (If rural, give location) <b>East of Newark.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JESS</b>	b. (Middle) <b>ARTHUR</b>	c. (Last) <b>ROGERS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 5 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED: NEVER MARRIED; WIDOWED; DIVORCED (Specify) <b>1</b>	8. DATE OF BIRTH (In years last birthday) <b>March 7, 1885 65</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>PHILO ROGERS</b>	13b. MOTHER'S MAIDEN NAME <b>Louilla MOONEY</b>	14. NAME OF HUSBAND OR WIFE <b>Catherine ROGERS</b>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Katherine Rogers</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>30 Min</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Embolism</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4301</b>

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 **Feb 5, 1951**, to **Feb 5, 1951**, that I last saw the deceased alive on **Feb 5, 1951**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Kenneth J. Lawer D.O.</b>	(Degree or title)	23b. ADDRESS <b>2 Newark, Mo.</b>	23c. DATE SIGNED <b>Feb 6, 51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 8 - 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>J.O.O.F.</b>	24d. LOCATION (City, town, or county) (State) <b>newark MO</b>
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DATE REC'D BY LOCAL REG. <b>2/9/51</b>	REGISTRAR'S SIGNATURE <b>P. W. Jennings</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Ball</b>	ADDRESS <b>Ewing, MO</b>
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(Licensed Embalmer's Placement on Reverse Side)

OCT 1 1951

SEP 7 1951

Date Received: FEB 12 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 2-51-33  
Date Filed: FEB 14 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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing 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.