

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3038 State File No. 20691

FILED JUN 26 1951

BIRTH NO. _____		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 188		Registrar's No. 48	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Linn		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield		a. STATE Missouri		b. COUNTY Linn	
c. LENGTH OF STAY (in this place) 62 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield		d. STREET ADDRESS (If rural, give location) 1010 Brookfield Avenue			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1010 Brookfield Avenue				d. STREET ADDRESS (If rural, give location) 1010 Brookfield Avenue			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX F	
a. (First) EDITH LAURABELL		b. (Middle) ROGERS		c. (Last)		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH March 29, 1889		9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Brookfield, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME J. L. Mendenhall		13b. MOTHER'S MAIDEN NAME Hattie McClintock	
14. NAME OF HUSBAND OR WIFE Harry F. Rogers		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 ADDRESS H. F. Rogers, Brookfield, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Pleural Effusion				1 week	
DUE TO (c) Disseminated Carcinomatosis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of breast.				2 mos.	
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 Aug 12, 1950, to June 15, 1951, that I last saw the deceased alive on June 13, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE K. W. Babcock (Degree or title)				23b. ADDRESS 211 1/2 Brookfield Mo.		23c. DATE SIGNED 6/15/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 17, 1951		24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		24d. LOCATION (City, town, or county) (State) Brookfield, Mo.	
DATE REC'D BY LOCAL REG. 6-18-51		REGISTRAR'S SIGNATURE Walter Erwin		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home, Brookfield, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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1951 JUN 1

Date Received: JUN 25 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1126
Date Filed: JUN 25 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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.