

FILED AUG 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27831

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>130</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u> <u>0812</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Jackson 1870</u>		d. STREET ADDRESS (If rural, give location) <u>9th SW. of Jackson Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps Co. Mem. Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug - 6 - 1951</u>			
3. NAME OF DECEASED (Type or Print) <u>CLARA</u>		a. (First)		b. (Middle) <u>Tennessee</u>		c. (Last) <u>Rogers</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH (19 <u>97</u>) <u>6-5-97</u>	
9. AGE (In years last birthday) <u>54</u>		UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</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>Mo - O</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Patterson</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Wallace</u>		14. NAME OF HUSBAND OR WIFE <u>Hub Rogers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Hub Rogers, Raymondville 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>ca of uterus</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		174X	
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) (Min.)		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>8-4</u> , 19 <u>51</u> , to <u>8-6</u> , 19 <u>51</u> that I last saw the deceased alive on <u>8-6</u> , 19 <u>51</u> , and that death occurred at <u>2:25</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. E. Fain, M.D.</u>				23b. ADDRESS <u>Rolla Mo</u>		23c. DATE SIGNED <u>8-17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8/8/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dollmar Cem.</u>		24d. LOCATION (city, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 17, 1951</u>		REGISTRAR'S SIGNATURE <u>Nadine K. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Smith & Ferguson, Jackson Mo</u>			

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.

Student Embalmer No.

Signed

E. E. Ferguson

Signed.....
Student Embalmer

Licensed Embalmer No. *3945*

P. O. Address *Rehoboth MD*

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.