

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **30013**
 Registrar's No. **772**

FILED SEP 17 1951

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

0396

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1874 N. MISSOURI		d. STREET ADDRESS (If rural, give location) 1874 N. MISSOURI	

3. NAME OF DECEASED (Type or Print) a. (First) ALVA b. (Middle) O c. (Last) ROGERS			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 7 1951			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDORCED	8. DATE OF BIRTH SEPT. 14 1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRIVER		10b. KIND OF BUSINESS OR INDUSTRY CITY BUS CO.		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME THOMAS ROGERS		13b. MOTHER'S MAIDEN NAME MARY EPPS		14. NAME OF HUSBAND OR WIFE DIVORCED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. LOLA CURRAN SPRINGFIELD, MO	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION, ACUTE		INTERVAL BETWEEN ONSET AND DEATH 4 WKS.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTEROSCLEROTIC HEART DISEASE		
	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"/>
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 8/1/51, 19 , to 9/7/51, 19 , that I last saw the deceased alive on 9/1/51, 19 , and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Glenn O. T. ... M.D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 9/11/51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Sept. 9-51	24c. NAME OF CEMETERY OR CREMATORY MT. COMFORT
		24d. LOCATION (City, town, or county) (State) NORTH OF SPRINGFIELD, MO.

DATE REC'D BY LOCAL REG. 9-11-51	REGISTRAR'S SIGNATURE A. E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klugner & Co. Springfield, Mo.
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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

Max Rhodes
Licensed Embalmer No. *407*
P. O. Address *Springfield*

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.