

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40569**

FILED JAN 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5017 Registrar's No. 100

1. PLACE OF DEATH  
 a. COUNTY Andrew  
 b. CITY OR TOWN Nodaway Township  
 c. LENGTH OF STAY (in this place) 6 hrs.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Rural, Savannah, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Andrew  
 c. CITY OR TOWN Savannah  
 d. STREET ADDRESS Rural

3. NAME OF DECEASED  
 a. (First) Walter b. (Middle) Gilbert c. (Last) Rogers  
 4. DATE OF DEATH (Month) (Day) (Year) Dec. 22 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 8. DATE OF BIRTH Feb. 22, 1877 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 14 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer 10b. KIND OF BUSINESS OR INDUSTRY Selfemployed 11. BIRTHPLACE (State or foreign country) Jackson Co. Salem Church Dist. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Rogers 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Noah H. Rogers Rt. 3, Indep., 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, asthma, etc. It means the disease, injury, or complication which caused death.  
 MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Asphyxiation  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Smoke  
 DUE TO (c) Burning home  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
 INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nodaway township, Andrew, Mo.  
 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 22 1951 8:00 p.m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? Residence caught afire

22. I hereby certify that I attended the deceased from Dec. 22, 1951, to Dec. 22, 1951, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Coroner 23b. ADDRESS 307 W. Main, Savannah, Mo. 23c. DATE SIGNED 12/27/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Dec. 28, 1951 24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery 24d. LOCATION (City, town, or county) (State) Jackson County

DATE REC'D BY LOCAL REG. 12-27-51 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson Independence, Mo.

(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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Tom D. Marbland*

Licensed Embalmer No. \_\_\_\_\_

*4592*

P. O. Address \_\_\_\_\_

*Indep. 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.