

## STANDARD CERTIFICATE OF DEATH

State File No. **42175**

FILED DEC 21 1951

BIRTH NO.		REG. DIST. NO. <b>178</b>		PRIMARY REG. DIST. NO. <b>4225</b>		Registrar's No. <b>101</b>	
1. PLACE OF DEATH a. COUNTY <b>Lewis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Knox</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lewistown</b>		c. LENGTH OF STAY (in this place) <b>17 months</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Edina</b> <b>0520</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Community Home</b>				d. STREET ADDRESS (If rural, give location) <b>8</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARGARET</b>		b. (Middle)		c. (Last) <b>ROGERSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec-10-1951</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH (Specify) <b>April-24-1864</b>	
9. AGE (In years) (Last birthday) <b>87</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>16</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homekeeper</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Adair County Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				13a. FATHER'S NAME <b>Thomas Rogerson</b>		13b. MOTHER'S MAIDEN NAME <b>Celina Cristman</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give unit or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Bess Rogerson</b>				ADDRESS <b>Edina Mo.</b>			
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) <b>Senility</b>				MEDICAL CERTIFICATION			
ANTECEDENT CAUSES				INTERVAL BETWEEN ONSET AND DEATH <b>years</b>			
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. <b>Althou</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>241X</b>				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) (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 <b>Dec 8</b> , 19 <b>51</b> , to <b>Dec 10</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Dec 8</b> , 19 <b>51</b> , and that death occurred at <b>3:15 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Harry L. McBracken M.D.</b>				23b. ADDRESS <b>Fa Belle Mo.</b>		23c. DATE SIGNED <b>Dec 11 1951</b>	
24a. BURIAL CREAMATION REMOVAL (Specify) <b>Funeral</b>		24b. DATE <b>Dec-12-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St Marys</b>		24d. LOCATION (City, town, or county) (State) <b>Adair Missouri</b>	
DATE REC'D BY LOCAL REG. <b>12-12-51</b>		REGISTRAR'S SIGNATURE <b>P. St. Jennings M.D.</b>		F. FUNERAL DIRECTOR'S SIGNATURE <b>Keith Hudson</b>		ADDRESS <b>Edina Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: DEC 14 1951

DISTRICT HEALTH OFFICE

District File Number 12-57

Date Filed:

DEC 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 ~~\_\_\_\_\_~~

working under my personal supervision.

Student Embalmer No. ....

Signed

*Keith Hudson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2413

P. O. Address Edina M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.