

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **6000**

FILED FEB 19 1952

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla 0812	
d. FULL NAME OF HOSPITAL OR INSTITUTION One Highway 63 at 2nd Street		d. STREET ADDRESS (If rural, give location) 112 No. Faulkner Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) SARAH	b. (Middle) ELIZABETH	c. (Last) RODGERS	4. DATE OF DEATH (Month) (Day) (Year) February 6, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 18, 1882	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Phelps Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Allen Stinnet	13b. MOTHER'S MAIDEN NAME Rachel Wallace	14. NAME OF HUSBAND OR WIFE Henry Rodgers
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 496 18 5105	17. INFORMANT'S SIGNATURE OR NAME Thomas Hamby	ADDRESS Rolla, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH Instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound communitated fracture of skull with complete destruction of brain.		
	ANTECEDENT CAUSES DUE TO (b) Struck by Auto truck.		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 181 E8120-25	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway 63	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 2nd St. Crossing, Rolla Phelps Mo.,
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 6, 1952 6:00 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by Motor Truck while crossing Highway.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased
Deceased on 6 Feb. 1952 and that death occurred at 6:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE B. E. Null (Degree or title) Coroner Phelps County Mo.	23b. ADDRESS 508 West 8th St., Rolla Mo.	23c. DATE SIGNED 7 Feb. 19 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 9 1952	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	24d. LOCATION (City, town, or county) (State) Rolla, Mo.
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DATE REC'D BY LOCAL REG. Feb. 10, 1952	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null	ADDRESS Rolla, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

RECEIVED
Phelps County Health Officer

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 Paul E. Zull

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.