

No. 300  
10-48

FILED MAY 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18885

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4467 Registrar's No. 1329

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VALLEY PARK, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOBERLY</u> <u>0883</u>	
c. LENGTH OF STAY (in this place) <u>1 yr. 9 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>619 W. CARPENTER</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDARCREST</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SUGAN</u> b. (Middle) <u>KAYE</u> c. (Last) <u>ROGERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY</u> <u>21</u> <u>1952</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>JUNE 16, 1950</u>		9. AGE (In years last birthday) <u>1 yr</u> <u>11</u> <u>mo</u>		IF ORDER IN HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>MOBERLY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>WILLIAM EDWIN ROGERS</u>		13b. MOTHER'S MAIDEN NAME <u>ROBERTA LEE CAMPBELL</u>		14. NAME OF HUSBAND OR WIFE <u>GRACE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>GRACE BOWOISH</u>		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital deficiency of and</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>defect in brain structure with</u>					
		DUE TO (c) <u>exploratory surgery supporting</u>					
		II. OTHER SIGNIFICANT CONDITIONS— Conditions contributing to the death but not related to the disease or condition causing death. <u>diagnosis</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7531</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Sept 24, 1950, to May 21, 1952, that I last saw the deceased alive on May 21, 1952, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Valerie Rowan Bowlish MD</u>		(Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/21/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery Moberly MO</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly MO</u>	
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DATE REC'D BY LOCAL REG. <u>5-21-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. M. Cain</u>		ADDRESS <u>Moberly, MO</u>	
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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. 442

working under my personal supervision.

Student Jerry Carter  
Student Embalmer

Signed R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Mersey, 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.