

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35460

FILED OCT 18 1952

State File No. 197

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>4247</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasper</u>		c. LENGTH OF STAY (In this place) <u>24 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasper</u>		d. STREET ADDRESS (If rural, give location) <u>South First Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>South First Street</u>				d. STREET ADDRESS (If rural, give location) <u>South First Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Rogers</u>	
4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>8,</u>		(Year) <u>1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 17, 1867</u>	
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Newman, Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Samuel Harvey</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Lyster</u>		14. NAME OF HUSBAND OR WIFE <u>Silas Melvin Rogers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. May Lyman, Jasper, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Interstitial Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH _____					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS					
ANTECEDENT CAUSES		DUE TO (b) <u>Uterine Fibroids</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____					
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>594X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>1-1-1945</u> , to <u>10-8-1952</u> , that I last saw the deceased alive on <u>10-7-1952</u> , and that death occurred at <u>6-15-0 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Knott M.D.</u> (Degree or title)				23b. ADDRESS <u>Jasper, Mo.</u>		23c. DATE SIGNED <u>10-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-11-52</u>		24c. NAME OF CEMETERY <u>York</u>		24d. LOCATION (City, town, or county) (State) <u>Bergman, Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>10-10-52</u>		REGISTRAR'S SIGNATURE <u>L. B. Clifton, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shoop & Selvey</u> ADDRESS _____			

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

RECEIVED 10-16-52

Jasper County Health Office

County File Number 52/10/802

Date Filed 10-16-52

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

Lawson S. Sharp

Student Embalmer No. 345

working under my personal supervision.

Student

Lawson S. Sharp
Student Embalmer

Signed

George W. Newcomb

Licensed Embalmer No. 467

P. O. Address

Lockwood

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.