

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39238**

FILED NOV 20 1952

BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **9249** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission?) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DE SOTO HILLSBORO		c. LENGTH OF STAY (in this place) 2 YRS	
d. FULL NAME OF HOSPITAL OR INSTITUTION PEDAR GROVE NURSING HOME		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DE SOTO	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) LE ROY ROGERS			4. DATE OF DEATH (Month) (Day) (Year) Oct 31 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH Unknown	
				9. AGE (In years, if under 1 year: Months; Days; if under 12 hrs.: Hours; Min.) Unknown	
11. BIRTHPLACE (State or foreign country) Unknown			12. CITIZEN OF WHAT COUNTRY? U.S.A		

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME John Lewis Heltzer ADDRESS No	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) By Suffocation in fire		ANTECEDENT CAUSES Pat Cedar Grove Nursing Home			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Hillsboro Mo			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9167			
		40			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) DE SOTO MO		
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?		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Geo J Long (Degree or title) Coroner		23b. ADDRESS RR 1 d.e. Soto Mo		23c. DATE SIGNED 11/1/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 1 1952		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
24d. LOCATION (City, town, or county) (State) De Soto Mo		25. FUNERAL DIRECTOR'S SIGNATURE MAHN FUNERAL HOME ADDRESS DE SOTO, MO		DATE REC'D BY LOCAL REG. 11-1-52 REGISTRAR'S SIGNATURE Kathleen Marsden	

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED NOV 14 1952

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 Daniel J. Mahan

Licensed Embalmer No. 4326

P. O. Address De Soto, 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.