

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41908

State File No. _____

0340
 1

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

BIRTH NO. _____		REG. DIST. NO. <u>101</u>		PRIMARY REG. DIST. NO. <u>3412</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, write RURAL and give town or TOWN <u>Ava, R, Springcreek</u>)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ava, Rural, Springcreek</u>		0340	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gibson</u> b. (Middle) <u>Wilson</u> c. (Last) <u>Rogers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-14-52</u>				
5. SEX <u>Male</u> 0		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> 2		8. DATE OF BIRTH <u>1-12-73</u>	
9. AGE (in years last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during major part of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ossian, Ind. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Robert G. Rogers</u>			13b. MOTHER'S MAIDEN NAME <u>Elebith Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Amy Viola</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Freda Gray</u> ADDRESS <u>Ava, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Wrenia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Carcinoma of Prostate</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177X</u>			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) 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 <u>11-12-52</u> , to <u>11-14-52</u> , that I last saw the deceased alive on <u>11-14-52</u> , 19 <u>52</u> , and that death occurred at <u>9: A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. C. Gentry</u> (Degree or title) <u>M-D</u>				23b. ADDRESS <u>Ava, Mo</u>		23c. DATE SIGNED <u>11-17-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-16-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fannon</u>		24d. LOCATION (City, town, or county) (State) <u>Ava, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-9-52</u>		REGISTRAR'S SIGNATURE <u>Uestel Bushman</u> 84-1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. <u>Clinkingbeard Funeral Home, Ava, Mo.</u>			

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Avon, 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.