

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1977

State File No. ....

FILED FEB 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 24

1. PLACE OF DEATH  
a. COUNTY Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Johnson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural; Columbus township

d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center

d. STREET ADDRESS (If rural, give location) R. F. D. Holden, Mo. 0510

3. NAME OF DECEASED (Type or Print)  
a. (First) Jennie b. (Middle) Coleman c. (Last) Rodgers

4. DATE OF DEATH (Month) (Day) (Year)  
Jan. 29, 1953

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 29, Sept. 1882

9. AGE (In years last birthday) 71 10. IF UNDER 1 YEAR Months Days 11. IF UNDER 100 HOURS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (State or foreign country) Johnson Co., Mo.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Wright Smith

13b. MOTHER'S MAIDEN NAME -Katheryn Sanders-

14. NAME OF HUSBAND OR WIFE Charley Rodgers (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS \_\_\_\_\_

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) Acute Coronary Thrombosis  
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.

INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? YES  NO

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)  
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Jan. 22, 1953, to Jan. 29, 1953, that I last saw the deceased alive on Jan. 29, 1953, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. F. McKinney MD

23b. ADDRESS Warrensburg Mo

23c. DATE SIGNED 1-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 31, Jan. 1953

24c. NAME OF CEMETERY OR CREMATORY, Blackwater Cem.

24d. LOCATION (City, town, or county) (State) Holden Mo.

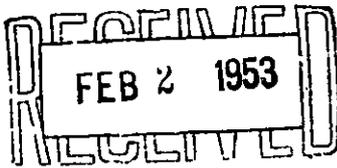
DATE REC'D BY LOCAL REG. Jan. 31, 1953 REGISTRAR'S SIGNATURE Savannah Cretchebeck

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips, Warrensburg, Mo.

(Licensed Emballer's Statement on Reverse Side)

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

6512



JOHNSON COUNTY HEALTH DEPT.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed R. A. Phillips.

Signed.....  
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrensburg 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.