

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4934

State File No. ....

FILED FEB 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 211

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Joseph</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Joseph</u>   |  |
| c. LENGTH OF STAY (in this place)<br><u>18 yrs</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>1009 Grand Ave</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><u>1009 Grand Ave</u> |  |   |  |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>LILLIAN</u> b. (Middle) <u>BELL</u> c. (Last) <u>ROGERS</u> |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Feb. 7 1953</u> |  |  |
| 5. SEX<br><u>Female</u>   |  | 6. COLOR OR RACE<br><u>White</u>                               |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>                                       |  |
| 8. DATE OF BIRTH<br><u>Oct. 10, 1898</u>  |  | 9. AGE (in years last birthday)<br><u>54</u>                   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>     |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home Housewife</u> |  | 11. BIRTHPLACE (State or foreign country)<br><u>Tonganoxie, Kansas</u>   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |  |  |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME<br><u>Allen Rickle</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Miss McMullin</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Albert R. Rogers</u>                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.<br><u>None</u>            |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mr. Albert R. Rogers St. Joseph Mo.</u> |  |

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|--|--|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>48 Hr</u> |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>High Blood Pressure</u> |  |  |  |  |
|  |  | DUE TO (c) <u>Unknown</u>  |  |  |  |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>None</u>             |  |  | <u>331 X</u>                                     |  |

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| 19a. DATE OF OPERATION<br><u>None</u>                          |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>No Operation</u>  |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE. (Specify)<br><u>Neither</u>    |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>No Injury</u> |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>No Injury</u> |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>None</u> |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>       |  | 21f. HOW DID INJURY OCCUR?<br><u>No Injury</u>                      |  |   |  |

22. I hereby certify that I attended the deceased from Feb. 6, 1953, to Feb. 7, 1953, that I last saw the deceased alive on Feb. 7, 1953, and that death occurred at 10:15A m., from the causes and on the date stated above.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title)<br><u>John R. Elliott, M.D.</u> |  | 23b. ADDRESS<br><u>801 1/2 Francis St. St. Joseph, Mo.</u>             |  | 23c. DATE SIGNED  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>       |  | 24b. DATE<br><u>Feb. 9 1953</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Belmont Cemetery</u> |  |
|  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Wathena Kansas</u> |  |   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG.<br><u>Feb 17, 1953</u> |  | REGISTRAR'S SIGNATURE<br><u>Carl C. Casper</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>St. Joseph Mo.</u> |  |
|---|--|--|--|---|--|

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

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 Charles E. Bennett

Signed.....  
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.