

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12982
Registrar's No. 31

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497

020
1

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

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Clarence		c. CITY (If outside corporate limits, write RURAL and give township) Clarence 1020	
c. LENGTH OF STAY (in this place) 7 Years		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Isabel b. (Middle) Rogers c. (Last) Rogers			4. DATE OF DEATH (Month) (Day) (Year) March 6th 1953		
---	--	--	---	--	--

5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept 9th 1872		9. AGE (In years last birthday) 80		10. MONTHS 5		11. DAYS 26		12. HOURS 		13. MIN. 	
----------------------	--	-------------------------------	--	---	--	---------------------------------------	--	---	--	---------------------	--	--------------------	--	-------------------	--	------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY HOME Maker				11. BIRTHPLACE (State or foreign country) Lowell Ill.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--

13a. FATHER'S NAME Joseph Warrner				13b. MOTHER'S MAIDEN NAME Elizabeth Nicholenson				14. NAME OF HUSBAND OR WIFE 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 Mildred Rogers ADDRESS Clarence Mo			
---	--	--	--	---------------------------------	--	--	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure											
		ANTECEDENT CAUSES											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Hypertension (arterial)											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis											

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X										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 **4-23**, 1952, to **3-6**, 1953, that I last saw the deceased alive on **3-6**, 1953, and that death occurred at **11:59** a.m., from the causes and on the date stated above.

23a. SIGNATURE Frank H. Coffin, D. O. (Degree or title)				23b. ADDRESS Clarence Mo				23c. DATE SIGNED 3-9-53			
--	--	--	--	---------------------------------	--	--	--	--------------------------------	--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/8/53		24c. NAME OF CEMETERY OR CREMATORY Maplewood				24d. LOCATION (City, town, or county) (State) Clarence Mo.			
---	--	-------------------------	--	---	--	--	--	---	--	--	--

DATE REC'D BY LOCAL REG. 3-10-53		REGISTRAR'S SIGNATURE Alta Garrison 419				25. FUNERAL DIRECTOR'S SIGNATURE Barkelew & Hawkins ADDRESS Clarence Mo.			
---	--	---	--	--	--	--	--	--	--

8661 2 6 1955

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.....

Henry A. Backelee

Signed.....
Student Embalmer

Licensed Embalmer No. 38354

P. O. Address Sheelbua - N.

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.