

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25471

FILED JUL 30 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 111

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Laclede</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Laclede</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Auglaize T. S. 0530</u>                        |  |
| c. LENGTH OF STAY (In this place) <u>5 Hrs</u>  |  | d. STREET ADDRESS (If rural, give location) <u>Lebanon Linn Creek Str. Rt. 0</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memo. Hosp.</u>                          |  |  |  |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Deborah</u> b. (Middle) <u>Kay</u> c. (Last) <u>Rogers</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>July 18 1953</u> |  |  |
|---|--|--|--|--|--|

|                 |                           |  |                                     |  |                        |                        |                      |
|-----------------|---------------------------|--|-------------------------------------|--|------------------------|------------------------|----------------------|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <u>Nov. 4 1951</u> | 9. AGE (In years last birthday) <u>1</u> | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Hours | IF UNDER 1 MIN. Min. |
|-----------------|---------------------------|--|-------------------------------------|--|------------------------|------------------------|----------------------|

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lebanon Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|-----------------------------------|---|--|

|  |  |                             |
|--|--|-----------------------------|
| 13a. FATHER'S NAME <u>Estel Rogers</u> | 13b. MOTHER'S MAIDEN NAME <u>Thelma McCain</u> | 14. NAME OF HUSBAND OR WIFE |
|--|--|-----------------------------|

|   |   |   |                            |
|---|---|---|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> | 17. INFORMANT'S SIGNATURE OR NAME <u>Estel Rogers</u> | ADDRESS <u>Lebanon Mo.</u> |
|---|---|---|----------------------------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 hrs.</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured skull</u>  |  |   |
|   | ANTECEDENT CAUSES<br>Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Automobile accident</u><br>DUE TO (c) |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>E8304 25</u>  |  |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) <u>accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Lebanon Laclede Mo.</u> (STATE) <u>Mo.</u> |
|--|---|---|

|   |   |   |
|---|---|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-18-53 5 P.M.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>brakes accidentally released + car wheel ran over head.</u> |
|---|---|---|

22. I hereby certify that I attended the deceased from 7-18-1953, to 7-18-1953, that I last saw the deceased alive on 7-18-1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

|  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>B B Hurst MD</u> | 23b. ADDRESS <u>Lebanon, Mo.</u> | 23c. DATE SIGNED <u>7-20-53</u> |
|--|----------------------------------|---------------------------------|

|   |                            |   |  |
|---|----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7/21/1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u> | 24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u> |
|---|----------------------------|---|--|

|   |  |   |                            |
|---|--|---|----------------------------|
| DATE REC'D BY LOCAL REG. <u>7-21-1953</u> | REGISTRAR'S SIGNATURE <u>Hella L. Hays</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gubners</u> | ADDRESS <u>Lebanon Mo.</u> |
|---|--|---|----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 25 1958

Received .....

Laclede County Health Unit

File No. 7-22-117

Date Filed JUL 28 1958

**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 J. P. Palmer

Licensed Embalmer No. 2308

P. O. Address Libanon 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.