

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**36696**

FILED OCT 27 1953

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>5866</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> Mo. b. COUNTY <u>Oregon</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Myrtle rural</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Myrtle rural</u> <span style="float:right">0750</span>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GENERAL</u>			b. (Middle) <u>STERLING</u>		c. (Last) <u>PRICE ROGERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 7, 1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb. 15</u> <span style="float:right">1862</span>	9. AGE (In years last birthday) <u>91</u>		10. <input type="checkbox"/> UNDER 1 YEAR 11. <input type="checkbox"/> 1 YEAR 12. <input type="checkbox"/> UNDER 10 YRS. 13. <input type="checkbox"/> 10 YRS. OR MORE
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Marget Rogers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Shelby Rogers Myrtle, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sen. arteriosclerosis</u> DUE TO (c) <u>Hypertensive C.V. disease</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4201</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) (Min.)		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>1952</u> , 19 <u>  </u> , to <u>1953</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>10-2-53</u> , 19 <u>  </u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Walker M.D.</u>		(Degree or title)		23b. ADDRESS <u>Monmouth Spring Ark.</u>		23c. DATE SIGNED <u>10-12-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>October 11, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cotton Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jobe, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-13-53</u>		REGISTRAR'S SIGNATURE <u>Arthur Wolf</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Carter</u>		ADDRESS <u>Meru 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed: \_\_\_\_\_

Licensed Embalmer No. 4511

P. O. Address Shrewsbury, N.J.

**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.