

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8356

State File No.

BIRTH NO. FILED MAR 19 1954 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton	c. LENGTH OF STAY (In this place) 2 Days	c. CITY OR TOWN Jamesport	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Wright Memorial Hospital		e. STREET ADDRESS (If rural, give location) ---	

3. NAME OF DECEASED (Type or Print) a. (First) Levi	b. (Middle) Clarence	c. (Last) Rogers	4. DATE OF DEATH (Month) (Day) (Year) March 12 1954
--	----------------------	------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 18 1868	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
-------------	------------------------	--	-------------------------------	------------------------------------	------------------------	-----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (City and State or Foreign Country) Daviess Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	-------------------------------------

13a. FATHER'S NAME Jacob Rogers	13b. MOTHER'S MAIDEN NAME Mary Oxford	14. NAME OF HUSBAND OR WIFE Grace Rogers (Dec'd)
------------------------------------	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME George R. Rogers	ADDRESS 1723 West 90th Street, Chicago, Ill.
---	---------------------------------	---	---

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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular - Bad Disease		INTERVAL BETWEEN ONSET AND DEATH 2 years
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/2x	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 1st 1952, to March 12th 1954, that I last saw the deceased alive March 12th 1954 and that death occurred at 12:50 p.m. from the causes and on the date stated above.

23a. SIGNATURE Clarence F. Joffe	(Degree or title)	23b. ADDRESS Trenton Mo	23c. DATE SIGNED March 16th 1954
-------------------------------------	-------------------	----------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-14-1954	24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery	24d. LOCATION (City, town, or county) (State) Gallatin, MO.
---	------------------------	--	--

DATE REC'D BY LOCAL REG. 3-14-54	REGISTRAR'S SIGNATURE Gene Jai	25. FUNERAL DIRECTOR'S SIGNATURE L.O. Richesson	ADDRESS Hope Funeral Home, Gallatin, Mo.
-------------------------------------	-----------------------------------	--	---

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.....
Signature of Student Embalmer

Signed *L. O. Richesson*
Licensed Embalmer No. *33*
P. O. Address *Baltimore*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.