

FILED JUN 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21767

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 6114		Registrar's No. 79			
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Morley Twp.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MORLEY		1000			
d. FULL NAME OF HOSPITAL OR INSTITUTION Hwy #55 So. Y, JUNCTION WITH H1 Wy #61				d. STREET ADDRESS (If rural, give location) MORLEY					
3. NAME OF DECEASED (Type or Print) a. (First) MURILE b. (Middle) ----- c. (Last) RODGERS			4. DATE OF DEATH JUNE 8 1954		5. SEX MALE		6. COLOR OR RACE WHITE		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 19 1920		9. AGE (In years last birthday) 34		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE WORKER		10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME NATHAN F. RODGERS			13b. MOTHER'S MAIDEN NAME LOU MAHAN			14. NAME OF HUSBAND OR WIFE MARTHA ANN RODGERS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WORLD WAR #2 367-28-6523		17. INFORMANT'S SIGNATURE OR NAME MARTHA ANN RODGERS		ADDRESS MORLEY, MO.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull, crushed chest Severe internal injuries with hemorrhage 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.						INTERVAL BETWEEN ONSET AND DEATH 0	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 8/6/26				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Junction Hwy 55 & 61		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural Morley Twp. Scott MO		21d. TIME OF INJURY June 8 1954 6:45 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Car hit tandem wheels of trailer truck in rain.		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thelma Cotton Buckthorp, M.D. Health Officer				23b. ADDRESS Barton, Mo		23c. DATE SIGNED 6-11-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 11 1954		24c. NAME OF CEMETERY OR CREMATORY NEW MORLEY CEMETERY		24d. LOCATION (City, town, or county) (State) MORLEY MO.			
DATE REC'D BY LOCAL REG. 6-14-54		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Earl Smith		ADDRESS ORAN, MO.			

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

DATE RECEIVED JUN 21 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 654-115

JUN 25 1954

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 Earl Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Ocean 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.