

NO. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5180

29996

79 State File No. ....

FILED OCT 4 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 51 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Camden F. Osage</u>		2. USUAL RESIDENCE (Where deceased lived or institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Decaturville</u> c. LENGTH OF STAY (If applicable) <u>6 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Decaturville</u> d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Math Cullins Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Stella Jane</u>	b. (Middle)	c. (Last) <u>Rogers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sep 27-1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>whx</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 20-1898</u>	9. AGE (In years last birthday) <u>57</u>	UNDER 1 YEAR	IF UNDER 24 HRS.	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Camden Co, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Jim Frank Toffener</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Vance</u>	14. NAME OF HUSBAND OR WIFE <u>Elsie Rogers</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, list or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Rogers</u> ADDRESS <u>as above</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus chronic</u>		
	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 <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 151 to 9-27, 1954, that I last saw the deceased alive on 9-25, 1954, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. G. C. Linton M.D.</u>	23b. ADDRESS <u>Camden, Mo.</u>	23c. DATE SIGNED <u>9-30-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sep 30-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct 1-1954</u>	REGISTRAR'S SIGNATURE <u>Elyde A. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson-Woolery</u> <u>Camden, Mo</u>
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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

*Abbie Bankson Wood*

Licensed Embalmer No. *2488*

P. O. Address *Camden, 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.