

FILED NOV 15 1954

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

State File No. 34746

6740

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5853 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Maryville Polk Twp</u>		c. CITY OR TOWN <u>Maryville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0740</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ivan</u> b. (Middle) <u>Glee</u> c. (Last) <u>Rogers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-7-1954</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>4-25-1906</u>
9. AGE (In years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Construction</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Parneil Mo.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A.L. Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Belle Osborn</u>	
14. NAME OF HUSBAND OR WIFE <u>Gargia Reynolds Rogers</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WWII</u>	
16. SOCIAL SECURITY NO. <u>712-10-8964</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Clyde Adcock</u> ADDRESS <u>Ravenwood 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rib fractures Punctured lungs</u> ANTECEDENT CAUSES <u>Internal hemorrhage</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>E8161 26</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>accident</u> 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u> 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Polk Twp. Nodaway Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-7-1954 2:30 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>auto-truck collision</u>	
22. I hereby certify that I attended the deceased from <u>not attended</u> , to _____, 19____, that I last saw the deceased alive <u>not seen</u> , 19____, and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L.P. Dean M.D.</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Maryville Mo</u>	
23c. DATE SIGNED <u>11-11-1954</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-10-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ravenwood - Mo.</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>W.M. Johnson</u> ADDRESS <u>Maryville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-18-54</u>		REGISTRAR'S SIGNATURE <u>Bess Hull</u>	

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

JAN 13 1956

OCT 13 1955

**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 *George M. Atchison*.....

Licensed Embalmer No. *2379*

P. O. Address *Wilmington, N.C.*

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.