

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41666
Registrar's No. 98

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4716

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Noel Rt. 2		c. CITY OR TOWN Noel	
c. LENGTH OF STAY (in this place township) 6 years		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) Noel Rural Rt. 2. 0600	

3. NAME OF DECEASED (Type or Print)	a. (First) Dicy	b. (Middle) May	c. (Last) Rogers	4. DATE OF DEATH (Month) (Day) (Year) Dec. 9 1954.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 10, 1897	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Days 2	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Siloam Springs, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA.			

13a. FATHER'S NAME Tom Harless	13b. MOTHER'S MAIDEN NAME Mary Campbell	14. NAME OF HUSBAND OR WIFE George Rogers
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 497-14-8985	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Rogers, Noel Rt. 2, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		24 Hours
	*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ASHD DUE TO (c)		4 mos
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic cholecystitis		4 mos	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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)
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 Aug, 1954, to Dec, 1954, that I last saw the deceased alive on Dec 9, 1954, and that death occurred at 10:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. J. Royce MD	23b. ADDRESS Noel, Missouri	23c. DATE SIGNED Dec 11, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 12, 54	24c. NAME OF CEMETERY OR CREMATORY Anderson, Cemetery	24d. LOCATION (City, town, or county) (State) Anderson, McDonald, Mo.
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DATE REC'D BY LOCAL REG. 12-11-54	REGISTRAR'S SIGNATURE Mayme Humphrey	FUNERAL DIRECTOR'S SIGNATURE Papp Funeral Home	ADDRESS Anderson Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 30

MAR 1 1957

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..... *Carl Rapp*

Licensed Embalmer No. *3458*

P. O. Address *Anderson,*

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.