

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42047

State File No.

FILED DEC 21 1954

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 3057 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Ray</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Ray</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Richmond</p>		c. CITY OR TOWN <p style="text-align: center;">Richmond</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <p style="text-align: center;">5 years</p>		e. STREET ADDRESS (If rural, give location) <p style="text-align: center;">210 Church Street 0891 0</p>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">210 Church Street</p>					

3. NAME OF DECEASED (Type or Print)	a. (First) <p style="text-align: center;">STELLA</p>	b. (Middle) <p style="text-align: center;">ANN</p>	c. (Last) <p style="text-align: center;">ROGERS</p>	4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Dec. 12, 1954</p>
-------------------------------------	---	---	--	---

5. SEX <p style="text-align: center;">Female</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>	8. DATE OF BIRTH <p style="text-align: center;">April 13, 1895</p>	9. AGE (In years last birthday) <p style="text-align: center;">59</p>	# UNDER 1 YEAR Months <p style="text-align: center;">7</p>	YEAR Days <p style="text-align: center;">29</p>	# UNDER 2 HRS. Hours <p style="text-align: center;">-</p>	MIN. <p style="text-align: center;">-</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">-----</p>		11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Norborne, Missouri 0</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>		

13a. FATHER'S NAME <p style="text-align: center;">Dewitt Weddle</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Sarah Rinehart</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Bert Rogers</p>	<p style="text-align: right;">Richmond, Mo.</p>
--	--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Bert Rogers,</p>	ADDRESS <p style="text-align: center;">Richmond, Missouri</p>
---	--	--	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <p style="text-align: center;"><i>Coronary Heart disease</i></p>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <p style="text-align: center;">Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p>		
	DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <p style="text-align: center;">Cholera -</p>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;"><i>None</i></p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <p style="text-align: center;">Richmond 4201 Ray County Missouri</p>
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?

22. I hereby certify that I attended the deceased from 10-10, 1954, to 12-12, 1954; that I last saw the deceased alive on 12-12, 1954 and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p style="text-align: center;"><i>W. D. Danault M.D.</i></p>	23b. ADDRESS <p style="text-align: center;">Richmond</p>	23c. DATE SIGNED <p style="text-align: center;">12-14-54</p>
--	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>	24b. DATE <p style="text-align: center;">12-15-1954</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Hardin Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Ray County, Missouri</p>
--	--	--	--

DATE REC'D BY LOCAL REG. <p style="text-align: center;">Dec 17-1954</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">Maluel Jackson 273</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Thomas J. Carter</p>	ADDRESS <p style="text-align: center;">Richmond, Mo</p>
--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

Dec 17

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..... *Thomas J. Carter*

Licensed Embalmer No..... *447*

P. O. Address..... *Richmond*

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.