No. 300
10-48

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

FILED APR 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8563

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 129

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (In this place): 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST JOHNS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN: WEBB CITY
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 122 NORTH BALL

3. NAME OF DECEASED (Type or Print)
a. (First): OLLIE
b. (Middle): P.
c. (Last): ROGERS

4. DATE OF DEATH (Month) (Day) (Year): MARCH 31, 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DECEMBER 29, 1871
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 3, Days 2 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MINE OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: LEAD & ZINC MINING
11. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: LEVI ROGERS
13b. MOTHER'S MAIDEN NAME: LOUISA HALE
14. NAME OF HUSBAND OR WIFE: MRS. HESTER ROGERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: MRS. HESTER ROGERS — ADDRESS: WEBB CITY, MISSOURI

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous Cell Carcinoma Tongue — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastases Cervical Lymph Nodes — 7 months.
DUE TO (c) Cerebral Metastases — 2 months.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/24/54
19b. MAJOR FINDINGS OF OPERATION: Adenoma Carcinoma Tongue + Lymph gland 141 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/27/54, 19___, *to* 3-31-55, 19___, *that I last saw the deceased alive on* 3/31/55, 19___, *and that death occurred at* 6:05 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Walter Howard (Degree or title): M.D.
23b. ADDRESS: Frisco Bldg. Joplin Mo.
23c. DATE SIGNED: 4-1-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 2, 1955
24c. NAME OF CEMETERY OR CREMATORY: MOUNT HOPE CEMETERY
24d. LOCATION (City, town, or county) (State): WEBB CITY, MISSOURI

DATE REC'D BY LOCAL REG.: 4-2-55
REGISTRAR'S SIGNATURE: Robert L. Gamey 1/3 by Delores Lamkins
25. FUNERAL DIRECTOR'S SIGNATURE: HEDGE LEWIS FUNERAL HOME — ADDRESS: WEBB CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

Date Filed APR 4 1955

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard Hay Lew

Licensed Embalmer No. 440

P. O. Address Webb City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.