

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34013**
Registrar's No. **81**

FILED NOV 2 1955
BIRTH NO. **57876-55** REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4308**

1. PLACE OF DEATH a. COUNTY McDonough		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE Mo b. COUNTY McDonough	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Noeh		c. LENGTH OF STAY, (In this place)	c. CITY OR TOWN Noeh
d. FULL NAME OF HOSPITAL OR INSTITUTION Fountain Clinic		STREET ADDRESS (If rural, give location) 0600	

3. NAME OF DECEASED (Type or Print) CHARLOTTE MARIE ROGERS			4. DATE OF DEATH (Month) (Day) (Year) 9-20-1955		
a. (First)	b. (Middle)	c. (Last)			

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N.M.	8. DATE OF BIRTH 9-16-1955	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Noeh, Mo	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Sidney HEE ROGERS	13b. MOTHER'S MAIDEN NAME MARIBETH RIBEY	14. NAME OF HUSBAND OR WIFE -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Sidney HEE ROGERS	ADDRESS Noeh, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Maldevelopment Respiratory System		
	DUE TO (c) Extreme Prematurity		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7590			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 **9-16-55**, 19__, to **9-20-55**, 19__, that I last saw the deceased alive on **9-16-55**, 19__, and that death occurred at **7:30A** m., from the causes and on the date stated above.

23a. SIGNATURE D. Fountain (Degree or title)	23b. ADDRESS Noel, Missouri	23c. DATE SIGNED 10-21-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 9-21-1955	24c. NAME OF CEMETERY OR CREMATORY FAIRMONT CEM	24d. LOCATION (City, town, or county) (State) GENTRY, ARK.
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DATE REC'D BY LOCAL REG. 10-22-55	REGISTRAR'S SIGNATURE Maynard Humphrey 423	25. FUNERAL DIRECTOR'S SIGNATURE Humphrey	ADDRESS 10 N. H. St
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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.....
Signature of Student Embalmer

Signed *Wayne E. Humphrey*

Licensed Embalmer No. *420*

P. O. Address *Portland*

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.