FILED NOV 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35633

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6087 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater - Rural Cambridge Twp.
c. LENGTH OF STAY (in this place): 70 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater 0971
d. STREET ADDRESS (If rural, give location): 337 Main

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Colston
c. (Last): Rogers

4. DATE OF DEATH (Month) (Day) (Year): Oct. 25 - 1955

5. SEX: male
6. COLOR OR RACE: White
7. ~~MARRIED, NEVER MARRIED,~~ WIDOWED, ~~DIVORCED~~ (specify): Widowed
8. DATE OF BIRTH: Jan 28 - 1885
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 8, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Saline County Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James W Rogers
13b. MOTHER'S MAIDEN NAME: Georgia Colston
14. NAME OF HUSBAND OR WIFE: Widowed.

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.: 494-30-6299
17. INFORMANT'S ~~SIGNATURE OR~~ NAME: May Rogers — ADDRESS: Slater Mo

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): Auto Accident

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Rear end Collision
DUE TO (c):

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

INTERVAL BETWEEN ONSET AND DEATH: Inst.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 240 E. Slater
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cambridge Saline Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 25 - 55 - 5:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Rear end Collison

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 5:30 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Lawless M.D. Coroner Saline Co
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 10-27-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-27-55
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Cemetery
24d. LOCATION (City, town, or county) (State): Slater, Mo

DATE REC'D BY LOCAL REG.: 10-29-55
REGISTRAR'S SIGNATURE: Mrs. Earl C. Metz 292-0
25. FUNERAL DIRECTOR'S SIGNATURE: Hill Brothers — ADDRESS: Slater, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 15 1951

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 .....
Student Embalmer

Signed Sam M Hill

Licensed Embalmer No. 1293

P. O. Address [redacted] M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.