

FILED DEC 19 1955

STANDARD CERTIFICATE OF DEATH

State File No.

40000

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5287 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Gashland</u>		c. CITY OR TOWN <u>Gashland</u>	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 <u>153 Highview Drive</u>		e. STREET ADDRESS (If rural, give location) <u>153 Highview drive</u>	
3. NAME OF DECEASED a. (First) <u>David</u>		b. (Middle)	c. (Last) <u>Rogers</u>
4. DATE OF DEATH <u>12-4-55</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>1-14-1872</u>		9. AGE (In years last birthday) <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Ellwood Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Greenlee Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Scholtz</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Ann</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Floor of the Mouth</u>		ANTECEDENT CAUSES		<u>Months</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arteriosclerosis Generalized</u>		<u>Years</u>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS		<u>143x</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		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 <u>6-13, 1935</u> , to <u>12-3, 1937</u> , that I last saw the deceased alive on <u>11-12, 1937</u> , and that death occurred at <u>11:02P m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>William J. Sponteman M.D.</u>	
23b. ADDRESS <u>Gashland Mo</u>		23c. DATE SIGNED <u>12-5-55</u>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Cremation</u>	
24b. DATE <u>12-6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/7/55</u>		REGISTRAR'S SIGNATURE <u>Byrd A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Weichert Funeral Home K.C. Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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..... *B. E. Weeber*

Licensed Embalmer No. *408*

P. O. Address *K.C.S.*

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.