

FILED MAY 15 1956

## STANDARD CERTIFICATE OF DEATH

12788

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 56-30

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield</u>	
c. LENGTH OF STAY (in this place) <u>5 years</u>		d. STREET ADDRESS (If rural, give location) <u>102 Grand St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>102 Grand St.</u>		e. STREET ADDRESS (If rural, give location) <u>102 Grand St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ophelia</u> b. (Middle) <u>Ann</u> c. (Last) <u>Rogers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 7, 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Mar. 15, 1865</u>		9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Thomas Hascue Richesin</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda Evoline Murray</u>		14. NAME OF HUSBAND OR WIFE <u>William Manuel Rogers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ernest Rogers; 102 Grand St. Greenfield, Missouri</u>	

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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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 3-1, 1956, to 5-7, 1956, that I last saw the deceased alive on 5-5, 1956, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. O. Cowan, M.D.</u> (Degree or title)		23b. ADDRESS <u>Greenfield, Mo.</u>		23c. DATE SIGNED <u>5-7-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 8, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holt Funeral Home</u>	
24d. LOCATION (City, town, or county) (State) <u>Harrison, Arkansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u>		ADDRESS <u>Greenfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 7, 1956</u>		REGISTRAR'S SIGNATURE <u>J. C. Canada</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. C. Canada*

Licensed Embalmer No.

*4196*

P. O. Address

*Greenfield, N.H.*

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