

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26657

State File No. \_\_\_\_\_

FILED SEP 4 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 130

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Grundy</b>   |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b> COUNTY <b>Grundy</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Trenton, Mo.</b> | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>2001 Oak St. Trenton, Mo.</b>                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2001 Oak</b>   |                                   | d. STREET ADDRESS (If rural, give location)   |  |

|  |                           |   |   |   |  |
|--|---------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print)  |                           |   | 4. DATE OF DEATH (Month) (Day) (Year)       |   |  |
| a. (First) <b>Jessie</b>   | b. (Middle) <b>Milton</b> | c. (Last) <b>Rogers</b>                                     | 8   |   | 24 56  |
| 5. SEX <b>M</b>  | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>married</b> | 8. DATE OF BIRTH <b>7, 11, 1869</b>         | 9. AGE (In years last birthday) <b>87</b>   | 10. UNDER 1 YEAR <b>1</b> MONTH <b>13</b> DAYS         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>         |                           | 10b. KIND OF BUSINESS OR INDUSTRY                           |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Canton, Mo.</b>               |  |
| 13a. FATHER'S NAME <b>J.M. Rogers</b>  |                           |   | 13b. MOTHER'S MAIDEN NAME <b>don't know</b> |   | 14. NAME OF HUSBAND OR WIFE <b>Ellen Thomas Rogers</b> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> |                           | 16. SOCIAL SECURITY NO. <b>no</b>                           |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Jno Cole, 2001 Oak St. Trenton</b> |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION   |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>5 mos</b>                                    |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerosis</b>  |  | ANTECEDENT CAUSES   |  |  |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | 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  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 <b>Apr 17, 1956</b> to <b>Aug 24, 1956</b> , that I last saw the deceased alive on <b>Aug 23, 1956</b> , and that death occurred at <b>9:10 a.m.</b> , from the causes and on the date stated above. |  |  |  |   |  |
| 23a. SIGNATURE <b>E. C. W. [Signature]</b>  |  | 23b. ADDRESS <b>Trenton Mo</b>   |  | 23c. DATE SIGNED <b>Aug 24, 1956</b>            |  |

|   |  |                              |  |   |  |  |  |
|---|--|------------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b> |  | 24b. DATE <b>Aug. 26, 56</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Maple Grove</b> |  | 24d. LOCATION (City, town, or county) (State) <b>Trenton, Mo</b> |  |
|---|--|------------------------------|--|---|--|--|--|

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <b>8-26-56</b> |  | REGISTRAR'S SIGNATURE <b>Gene Fair</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Chas. [Signature] Trenton Mo</b> |  |
|---|--|--|--|--|--|

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 .....  
Student Embalmer

Signed

*Chas D. Ripson*

Licensed Embalmer No. 3109

P. O. Address Newton Mo

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.