

FILED SEP 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30096**

132

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY OR TOWN Harrisonville	c. LENGTH OF STAY (In this place) 60 yrs	c. CITY (If outside corporate limits, write BURIAL and give township) OR TOWN Harrisonville 01910	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS (If incl. give location) 600 East Mechanic	

3. NAME OF DECEASED (Type or Print) a. (First) **DEN** (Middle) **B.** (Last) **ROGERS** 4. DATE OF DEATH (Month) (Day) (Year) **Sept 14 1956**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Feb 11 1876** 9. AGE (In years last birthday) (Months) (Days) **80 1** 10. UNDER 1 YEAR **0** 11. UNDER 18 HRS. **0**

10a. USUAL OCCUPATION (Give kind of work) **Club & Mechanic Harrisonville** 10b. KIND OF BUSINESS OR INDUSTRY **Retired** 11. BIRTHPLACE (City and State, and Foreign Country) **Bates Co Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Henry Rogers** 13b. MOTHER'S MAIDEN NAME **Anna Gross** 14. NAME OF HUSBAND OR WIFE **Euphemia A Rogers**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **487-01-4875** 17. INFORMANT'S SIGNATURE OR NAME **Magaret R. Paris** ADDRESS **Harrisonville Mo.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary occlusion**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Arteriosclerosis**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 **7 days**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **H2O1** 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **9-7-1956**, to **9-14-1956**, that I last saw the deceased alive on **9-14-1956** and that death occurred at **12:20 p.m.**, from the causes and on the date stated above.

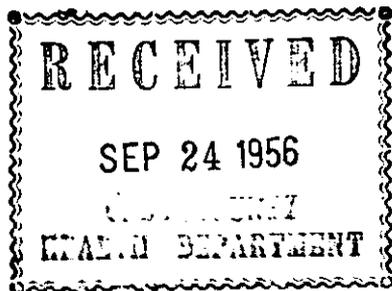
23a. SIGNATURE (Degree or title) **Edwards S. Jones M.D.** 23b. ADDRESS **Harrisonville Mo** 23c. DATE SIGNED **9-17-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Sept 16 1956** 24c. NAME OF CEMETERY OR CREMATORY **Orient Cemetery** 24d. LOCATION (City, town, or county) **Harrisonville Mo**

DATE REC'D BY LOCAL REG. **Sept 16 1956** REGISTRAR'S SIGNATURE **Dora Barwood** FUNERAL DIRECTOR'S SIGNATURE **Burdenburg's** ADDRESS **Harrisonville Mo**

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 Ernest Remmenbayer

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.