

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE OF MISSOURI **37523**

FILED DEC 11 1956

5614906 Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>DOUGLAS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>DOUGLAS</b>	
b. CITY (If outside corporate limits, give-TOWNSHIP only) OR TOWN <b>Rt. 1, Mt. Grove</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Rt. 1, Mt. Grove</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>15 mi. S W Cabool</b> Length of stay in lb <b>3 mos.</b>		d. STREET ADDRESS (If outside, give location) <b>Cabool, Mo.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>VERL DEAN ROGERS</b> First Middle Last		4. DATE OF DEATH <b>11-27-56</b> Month Day Year	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG. 18-56</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. AGE (In years last birthday) <b>33</b> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>CABOOL MO.</b>	
11. BIRTHPLACE (City and state or country) <b>CABOOL MO.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>VERLIN ROGERS</b>		14. MOTHER'S MAIDEN NAME <b>NADINE BARNES</b>	
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 <b>VERLIN ROGERS, Rt. 1, Mt. Grove</b> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Aspiration of vomitus</b> DUE TO (c) <b>9219</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 MIN.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>46</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>034</b>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <b>11</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from <b>Aug. 18 1956</b> , to <b>Nov. 27, 1956</b> and last saw <sup>him</sup> alive on <b>November 27, 1956</b> . Death occurred at <b>1:20</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. L. Spears M.D.</b> (Degree or title)		22b. ADDRESS <b>Cabool, Mo.</b>	
22c. DATE SIGNED <b>11/29/56</b>			
23a. BURIAL, CREATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>11-29-56</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>MT. ARARAT</b>		23d. LOCATION (City, town, or county) (State) <b>DOUGLAS CO., MO.</b>	
24. FUNERAL DIRECTOR <b>Elliott - Sautz, Cabool, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG.	
26. REGISTRAR'S SIGNATURE			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
1-56

84

**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.....  
*James L. Neely*

Licensed Embalmer No. *4760*

P. O. Address. *Celso*

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.