

## FILED DEC 18 1956 STANDARD CERTIFICATE OF DEATH

A-44556  
State File No. ....

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 237				
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY Vernon		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. LENGTH OF STAY (In this place) 50 years		c. CITY OR TOWN Nevada		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hospital				e. STREET ADDRESS (If rural, give location) 1721 North Main				10520		
3. NAME OF DECEASED (Type or Print) Fred			a. (First) Douglas		b. (Middle) Rodgers		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) November 23 1956			5. SEX M			6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH September 12 1895			9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairyman			10b. KIND OF BUSINESS OR INDUSTRY State Hospital #3		11. BIRTHPLACE (City and State or Foreign Country) Breckenridge Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Thomas Rodgers			13b. MOTHER'S MAIDEN NAME Amanda Wiley			14. NAME OF HUSBAND OR WIFE Anna Almada Rodgers				
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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred D. Rodgers, Nevada				ADDRESS 1721 N. Main Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH 2 hrs.		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None										
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada Vernon Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
						21f. HOW DID INJURY OCCUR? none				
22. I hereby certify that I attended the deceased from Nov 23, 1956, to Nov 23, 1956 that I last saw the deceased alive on Nov 23, 1956, and that death occurred at 6:30 pm., from the causes and on the date stated above.										
23a. SIGNATURE W. Love				(Degree of title) M.D.		23b. ADDRESS Nevada Mo		23c. DATE SIGNED 11/29/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE November 26 1956		24c. NAME OF CEMETERY OR CREMATORY Moore Cemetery		24d. LOCATION (City, town, or county) (State) Nevada Missouri				
DATE REC'D BY LOCAL REG. 12-10-56		REGISTRAR'S SIGNATURE Anna G. Ferry			25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home Nevada, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

451

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

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.