

FILED FEB 27 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

4964

567

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b> | c. LENGTH OF STAY (in this place)<br>--- | c. CITY OR TOWN <b>Reger</b> <sup>1060</sup> <sub>0</sub>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>                                   |  |  |  |
| e. STREET ADDRESS (If rural, give location)  |  |  |  |

|   |                               |   |                                   |   |   |                         |                       |  |  |  |  |
|---|-------------------------------|---|-----------------------------------|---|---|-------------------------|-----------------------|--|--|--|--|
| 3. NAME OF DECEASED<br>a. (First) <b>Mrs. Cora</b><br>(Type or Print)   |                               |   | b. (Middle) <b>L.</b>             |   |   | c. (Last) <b>Rogers</b> |                       |  | 4. DATE OF DEATH<br>(Month) <b>Feb.</b> (Day) <b>4,</b> (Year) <b>1957</b> |  |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>9-20-1874</b> |   | 9. AGE (In years last birthday) <b>82</b> | IF UNDER 1 YEAR Months  | IF UNDER 24 HRS. Days | Hours                                      | Min.   |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At Home</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                     |                                   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Sullivan County, Missouri</b> |   |                         |                       | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |  |  |  |

|   |                                     |  |  |  |  |
|---|-------------------------------------|--|--|--|--|
| 13a. FATHER'S NAME<br><b>J. G. Ford</b>                                     |                                     | 13b. MOTHER'S MAIDEN NAME<br><b>Margaret Gramling</b>                            |  | 14. NAME OF HUSBAND OR WIFE<br><b>J. W. Rogers</b> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>John Rogers, Milan, Missouri</b> |  |  |  |

|   |  |  |  |  |                                  |  |
|---|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, 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) _____  | <b>Peritonitis localized</b>                 |  |  |  | <b>14 Day</b>                    |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   | DUE TO (b) <b>Complications of Gastritis</b> |  |  |  | <b>25 days</b>                   |  |
|   | DUE TO (c) <b>Carcinoma of Stomach</b>       |  |  |  | <b>1 yr.</b>                     |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   | <b>Chronic Nephrosclerosis</b>               |  |  |  | <b>Unknown</b>                   |  |

|   |   |   |  |  |   |
|---|---|---|--|--|---|
| 19a. DATE OF OPERATION<br><b>1-10-57</b>        | 19b. MAJOR FINDINGS OF OPERATION<br><b>Carcinoma of Stomach</b>                                   |   |  |  | 20. AUTOPSY?<br>YES <input checked="" 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) | 21e. INJURY OCCURRED WHILE AT <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 1-8, 1957, to 2-4, 1957, that I last saw the deceased alive on 2-4, 1957, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

|  |                                       |                                    |   |
|--|---------------------------------------|------------------------------------|---|
| 23a. SIGNATURE<br><b>Walter Cummins M.D.</b> (Degree or title) | 23b. ADDRESS<br><b>1612 Prof Bldg</b> | 23c. DATE SIGNED<br><b>2-4-57</b>  |   |
| 24a. BURIAL, CREMATION REMOVAL (Specify)<br><b>Removal</b>     | 24b. DATE<br><b>Feb. 4, 1957</b>      | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State)<br><b>Milan, Missouri</b> |

|   |   |   |         |
|---|---|---|---------|
| DATE REC'D BY LOCAL REG.<br><b>2-5-57</b> | REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Freeman Mortuary &amp; Chapel, K.C., Mo.</b> | ADDRESS |
|---|---|---|---------|

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

**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..... *Lawrence Freeman*

Licensed Embalmer No. *293*

P. O. Address *H.C.W.*

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.