

FILED AUG 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH28517
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 176

| | | | |
|---|------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage | | c. CITY OR TOWN Carthage | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McGune-Brooks | | d. STREET ADDRESS 111 E. 2nd | |
| 3. NAME OF DECEASED (Type or print) Roena Elizabeth Fogerson | | 4. DATE OF DEATH Aug. 11. 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 3, 1869 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 11. BIRTHPLACE (City and state or country) Orley Mo. | |
| 13. FATHER'S NAME David De Pue | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 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 Mrs Huldah Marshall, Carthage, Mo. | | 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) <u>Melanocarcinoma</u> <u>Posterior of neck</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastasis to Brain.</u> DUE TO (c) <u>Diabetes Mellitus</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Diabetes Mellitus</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u> |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20c. TIME OF INJURY Hour Month Day, Year. -a. m. p. m. | |
| 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 | | COUNTY STATE | |
| 21. I attended the deceased from <u>Apr 24 '56</u> to <u>Aug 11 '57</u> and last saw her <u>Aug 11 '57</u> alive on <u>Aug 11 '57</u> Death occurred at <u>6:20 P</u> on the date stated above; and to the best of my knowledge, from the dates stated. | | | |
| 22a. SIGNATURE <u>George H. Wood</u> M.D. | | 22b. ADDRESS Carthage, Mo. | |
| 22c. DATE SIGNED <u>Aug 12 '57</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 23b. DATE <u>8-12-57</u> | | 23c. NAME OF CEMETERY OR CREMATORY Mt. Grove | |
| 23d. LOCATION (City, town, or county) Mo. | | 23e. STATE | |
| 24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo. | | 25. DATE RECD. BY LOCAL REG. <u>Aug. 13, 1957</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Eunice Estreut, Deputy</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

This certificate must be carefully related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *[Handwritten Signature]*
.....

Licensed Embalmer No.

P. O. Address *[Handwritten Address]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.