

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1957

State File No. **30749**

BIRTH NO. _____		REG. DIST. NO. 13		PRIMARY REG. DIST. NO. 3003		Registrar's No. 120		
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. LENGTH OF STAY (in this place) 7 Mo.		c. CITY OR TOWN Washburn		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 814 Frisco				e. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED* (Type or Print) a. (First) LEE b. (Middle) RODGERS c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) AUG 27, 1957					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 9-1-1876		
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 12 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Missouri		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Joe Rodgers		13b. MOTHER'S MAIDEN NAME Cynthia Ferguson		14. NAME OF HUSBAND OR WIFE none	
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. 433-30-1117		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clora Stockton-Marshfield, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic acute myocarditis ANTECEDENT CAUSES DUE TO (b) _____ 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221					20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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 WORK <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 Ellis, 1957 , to Aug 29, 1957 , that I last saw the deceased alive on Aug 27, 1957 , and that death occurred at 8:30 A. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Robert P. Dooly M.D.				23b. ADDRESS Monett Mo.		23c. DATE SIGNED 9-4-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24d. DATE 8-30-1957		24c. NAME OF CEMETERY OR CREMATORY Washburn Prairie Cem.		24e. LOCATION (City, town, or county) (State) Washburn, Missouri		
DATE REC'D BY LOCAL REG. 9-14-57		REGISTRAR'S SIGNATURE Mo. P. N. Cook		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Culver's Funeral Home-Cassville, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

513

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO:

NO. 957-163

DATE REC. 9-16-57

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 Paul H. Henbest

Licensed Embalmer No. 457

P. O. Address Cassville

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.