

Health,  
& Welfare  
S. Public  
with Service

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

FILED DEC 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40948  
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lebanon</b>		c. CITY OR TOWN <b>Lebanon</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wallace Hospital</b>		Length of stay in 1b <b>— 12</b>	
3. NAME OF DECEASED (Type or print) <b>RUFUS</b> First Middle <b>A</b> Last <b>ROGERS</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>27</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 9, 1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Laclede County Mo.</b>
13a. FATHER'S NAME <b>William Rogers</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Jennings</b>	14. NAME OF HUSBAND OR WIFE <b>Lucy Rogers</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. <b>499-14-0766</b>	17. INFORMANT Address <b>Ruby Davis, Lebanon, Mo.</b>
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>Pneumonitis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Old healed pulmonary tuberculosis</b>			<b>years</b>
DUE TO (c) <b>Cong. Heart failure &amp; Aur. fibrillation</b>			<b>2 wks</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Emaciation</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.)	
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 <b>Aug. 5, 1957</b> to <b>Nov. 27, 1957</b> and last saw her alive on <b>Nov. 27, 1957</b> Death occurred at <b>6:30 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>A. R. Hecker M.D.</b>		22b. ADDRESS <b>Lebanon, Mo.</b>	22c. DATE SIGNED <b>11-29-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/30/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cross Roads Cemetery</b>	23d. LOCATION (City, town, or country) (State) <b>Laclede County Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Palmer Lebanon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-29-1957</b>	26. REGISTRAR'S SIGNATURE <b>Hella L. Hay</b>

Received DEC 9 1957  
Laclede County Health Unit  
File No. 195  
Date Filed DEC 9 1957

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 S. R. Palmer .....

Licensed Embalmer No. 2208

P. O. Address Lebanon mo

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.