THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1958

STATE FILE NUMBER 632

Registration District No. 76 Primary Registration District No. 3015 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY CLINTON
b. CITY OR TOWN CAMERON Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) COMMUNITY HOSP Length of stay in 1b 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY CLINTON
c. CITY OR TOWN CAMERON Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 726 E 3rd Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ELMER Middle FRANKLIN Last ROGERS
4. DATE OF DEATH Month 1 Day 23 Year 58
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 9-22-1895
9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER-CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY RETIRED
11. BIRTHPLACE (City and state or country) CLINTON Co Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME J N ROGERS
13b. MOTHER'S MAIDEN NAME MARY ALICE MOOREHOUSE
14. NAME OF HUSBAND OR WIFE BERTHA S ROGERS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 497-38-3104
17. INFORMANT Bertha S Rogers Address Cameron

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~ Coronary Thrombosis — 4 days
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 19, 1958, to Jan 23, 1958 and last saw her/him alive on Jan 23, 1958. Death occurred at 3:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE H Kuner (Degree or title) MD
22b. ADDRESS Cameron, Mo
22c. DATE SIGNED 1-24 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE JAN. 25-1958
23c. NAME OF CEMETERY OR CREMATORY Osborn
23d. LOCATION (City, town, or county) Osborn (State) Mo
24. FUNERAL DIRECTOR ADDRESS POLAND FUNERAL HOME CAMERON, MO.
25. DATE RECD. BY LOCAL REG. 1-27-58
26. REGISTRAR'S SIGNATURE Frances D Crawford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 28 1958

VS JUN 1 1959

VS JUN 4 1959

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 Robert T Poland

Licensed Embalmer No. 4777

P. O. Address 222 [illegible]

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.