Health, & Welfare Public Service

52 / 300 1-57

Baldwin

FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025068

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 117

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kennett — Inside Limits: Yes [XX] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 101 W. 6th st — Length of stay in 1b: 60 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Dunklin
c. CITY OR TOWN: Kennett Mo. 0352 0 — Inside Limits: Yes [XX] No [ ]
d. STREET ADDRESS (If outside, give location): 101 West 6th St. — Reside on Farm: Yes [ ] No [XX]

3. NAME OF DECEASED (Type or print): First: Myrtle — Middle: — Last: Rogers

4. DATE OF DEATH: Month: July Day: 24 Year: 1958

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [XX] 2 DIVORCED [ ]
8. DATE OF BIRTH: Feb. 22- 1882
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 5 Days 22 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady
10b. KIND OF BUSINESS OR INDUSTRY: Dry Goods
11. BIRTHPLACE (City and state or country): Marble Hill Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: J.T. Wells
13b. MOTHER'S MAIDEN NAME: Jane Bollinger
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: 497-05-1291
17. INFORMANT: Jane Rogers — Address: Kennett Mo.

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): Coronary Infarct — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hyper tension — 2 yrs
DUE TO (c): 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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. 1956 to July 24 58 and last saw her/him alive on 7-24-58
Death occurred at 11.00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul Baldwin (Degree or title): M.D. 0
22b. ADDRESS: Kennett
22c. DATE SIGNED: 7-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-26-58
23c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Cemetery
23d. LOCATION (City, town, or county): Kennett (State): Mo.

24. FUNERAL DIRECTOR: Lentz Service — ADDRESS: Kennett Mo.
25. DATE RECD. BY LOCAL REG.: 7-25-1958
26. REGISTRAR'S SIGNATURE: Earl Husband

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 23 1958

COUNTY FILE NUMBER .....

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 Edgar Lee Hirt

Licensed Embalmer No. 4433

P. O. Address Kennett

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.