

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026278

STATE FILE NUMBER

FILED JUL 16 1958

Registration District No. 209

Primary Registration District No. 5766

Registrar's No. 233

S. 300
1-57
3

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Missouri Miller Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 8150 Parsons		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 36, 5 miles west Hannibal		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 2020 Oak Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DAISY ROGERS			4. DATE OF DEATH Month Day Year July 11, 1958		
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 May 26, 1910	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min. 1 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Weir Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Clayburn Gooch Landrith		13b. MOTHER'S MAIDEN NAME Mary (Not known)		14. NAME OF HUSBAND OR WIFE Benjamin Franklin Rogers	
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 Address Clyde Campbell, Bowen Illinois		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull fractures					INTERVAL BETWEEN ONSET AND DEATH immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of right femur, crushed abdomen					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Car she was driving swerved in front of a tractor			
20c. TIME OF INJURY Hour Month, Day, Year 7:30 a.m. 7 11 58		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 36			
20f. CITY, TOWN, OR LOCATION Miller		20g. COUNTY 064 Marion		20h. STATE Mo	
21. I attended the deceased from _____, to _____, and last saw her alive on _____. Death occurred at 7:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Henry Smith Jr. Coroners 3			22b. ADDRESS Hannibal Mo		22c. DATE SIGNED 7/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/12/58	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Parsons Kansas
24. FUNERAL DIRECTOR W. Crawford Smith, Hannibal Missouri			25. DATE RECD. BY LOCAL REG. 7-12-58	26. REGISTRAR'S SIGNATURE Dr. E. Lucke By W. Fisher	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

RECEIVED JUL 15 1958

MARION CO. HEALTH DEPT.

DATE FILED JUL 15 1958

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 *John L. Ward*

Licensed Embalmer No.....1540....

P. O. Address.....Hannibal Missouri

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.