

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036731

STATE FILE NUMBER

FILED OCT 21 1958

Registration District No.

146

Primary Registration District No.

3026

Registrar's No.

429

S. 300 0
1-57

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN OTTOWA, KANSAS 8150 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Sanitorium		Length of stay in 1b 6 days	d. STREET ADDRESS (If outside, give location) 910 E. 8th St.
3. NAME OF DECEASED (Type or print) First SALLIE Middle R. Last ROGERS		4. DATE OF DEATH Month 10- Day 13 Year 58	
5. SEX female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 7, 1893
9. AGE (In years birthdate) 65		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cook		10b. KIND OF BUSINESS OR OCCUPATION Private Family	11. BIRTHPLACE (City and state or country) Ottowa, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME J.R. Rogers	
13b. MOTHER'S MAIDEN NAME Kittie Richardson		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. no	17. INFORMANT Address Ethel Spottsville 935 E. 9th Ottawa, Kansas
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Peritonitis -			INTERVAL BETWEEN ONSET AND DEATH 7 1/2 days -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Intestinal Obstruction			7 1/2 "
DUE TO (c) Carcinoma - metastatic from Ca uterus			months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 174X			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 4:40 p.m.	COUNTY STATE
21. I attended the deceased from Oct-8-1958 to Oct-13-1958 and last saw her alive on Oct-13-1958 Death occurred at Independence Hospital on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. J. Gordon		22b. ADDRESS Independence Mo	22c. DATE SIGNED 10/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-17-58	23c. NAME OF CEMETERY OR CREMATORY Hope Cemetery	23d. LOCATION (City, town, or country) (State) Ottowa, Kansas
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Fu. Home 18th Benton		25. DATE RECD. BY LOCAL REG. 10-17-58	26. REGISTRAR'S SIGNATURE [Signature]

OCT 22 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 *Bruce R. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18th Benton*

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.