

Health,
Welfare,
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040328

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 490

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Independence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OR (If NOT in hospital, give location) <u>Ward Hospital</u>		Length of stay in lb <u>15 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>1218 East Walnut</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>E.</u> Last <u>Rogers</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>20</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June-15-1889</u>		9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer & Coast Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming & Contract</u>	11. BIRTHPLACE (City and state or country) <u>Randolph, Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Alfred Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Jane Kelso</u>		14. NAME OF HUSBAND OR WIFE <u>Opal E. Rogers</u>

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year & dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>48509-7321</u>	17. INFORMANT <u>Opal E. Rogers</u> Address <u>Indep Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary oc</u> DUE TO (b) <u>athro sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>
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 <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.) <u>4201</u>	
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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Feb 1954 to Nov 20, 58</u>	20f. CITY, TOWN, OR LOCATION <u>Independence, Missouri</u>	COUNTY _____ STATE _____
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or title) <u>Hamilton</u>		22b. ADDRESS <u>1090 W. Winner Road, Independence, Missouri</u>	22c. DATE SIGNED <u>11-24-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov-24-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>	23d. LOCATION (City, town, or County) (State) <u>Independence Mo</u>
24. FUNERAL DIRECTOR <u>Roland Q Speaks - Indep Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-24-58</u>	26. REGISTRAR'S SIGNATURE <u>James Craig</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Rollie Fessel*

Licensed Embalmer No. *4690*

P. O. Address *Indep. 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.