

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045293

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 314

Primary Registration District No. 6062

Registrar's No. 52

S. 300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN (Vista) Royal Tree		c. CITY OR TOWN Vista		d. STREET ADDRESS (If outside, give location)		e. INSIDE LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		f. RESIDE ON FARM Yes <input type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First Middle Last Nancy A. Rogers				4. DATE OF DEATH Month Day Year Dec; 10, 1958		5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug; 11, 1884		9. AGE (In years, months, days, hours, minutes) 74							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping				10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and state or country) Iconium Missouri				12. CITIZEN OF WHAT COUNTRY? USA											
13a. FATHER'S NAME Sanders Frasier				13b. MOTHER'S MAIDEN NAME Rachel Radford				14. NAME OF HUSBAND OR WIFE --				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. None				17. INFORMANT Hattie Rogers Bergeson - Vista Mo				18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPOSTATIC PNEUMONIA DUE TO (b) MYOCARDIAL DECOMPENSATION DUE TO (c) HYPERTENSION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HYPERTENSION				INTERVAL BETWEEN ONSET AND DEATH 4 DAYS 2 MONTHS									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 443X													
20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m.				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 COUNTY STATE									
21. I attended the deceased from OCTOBER 1957 to DEC. 1958 and last saw her alive on DEC. 8, 1958 Death occurred at 6:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.												22a. SIGNATURE H. S. Shyman (Degree or title)		22b. ADDRESS D. O. Osceola, Mo.				22c. DATE SIGNED 12-10-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE 12/11/58		23c. NAME OF CEMETERY OR CREMATORY Osceola				23d. LOCATION (City, town, or county) (State) Osceola Missouri											
24. FUNERAL DIRECTOR Goodrich Funeral Home, Osceola Mo				25. DATE RECD. BY LOCAL REG. 12-19-58				26. REGISTRAR'S SIGNATURE Ruth Seewers													

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 *J.B. [Signature]*

Licensed Embalmer No. *3038*

P. O. Address *[Signature]*

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.