

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000589
STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. #67 Primary Registration District No. 5260 Registrar's No. 3

300
-57

1. PLACE OF DEATH a. COUNTY Christian Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Christain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chadwick, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 0220 Chadwick
c. FULL NAME OF DECEASED (NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Length of stay in lb 25 Yrs.	d. STREET ADDRESS (If outside, give location) At Home
3. NAME OF DECEASED (Type or print) First Middle Last Louella Rogers			4. DATE OF DEATH Month Day Year Jan. 24, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 24, 1877
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Wm C. VanDyke	
13b. MOTHER'S MAIDEN NAME Rebecia McClain		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.	
17. INFORMANT Mrs. H. E. Winfrey, Chadwick, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) severe Poisoning DUE TO (b) atherosclerosis DUE TO (c) arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 4500
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 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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	COUNTY STATE
21. I attended the deceased from Jan. 1958 to Jan. 24-59 and last saw her alive on Jan. 24-1959 Death occurred at Chadwick, Mo. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. Paul Nelson (Signature or title)		22b. ADDRESS Chadwick, Mo.	22c. DATE SIGNED Jan. 30-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 28, 59	23c. NAME OF CEMETERY OR CREMATORY Chadwick Cemetery	23d. LOCATION (City, town, or county) (State) Christian Co. Missouri
24. FUNERAL DIRECTOR: T. B. Chaffin ADDRESS Ozark Mo		25. DATE RECD. BY LOCAL REG. Feb 6/1959	26. REGISTRAR'S SIGNATURE Norris Day

All diseases in Part I must be causally related

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *T. B. Chaffin*

Licensed Embalmer No. *2192* ..
P. O. Address *Ozark 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.