

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002077
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 200 Primary Registration District No. Registrar's No. 21

300
-57

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Sedgwick	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hudson Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Wichita <i>8150</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hildreth Osteopathic sanatorium		Length of stay in 1b 15 yrs 6 mo	d. STREET ADDRESS (If outside, give location) Rural
3. NAME OF DECEASED (Type or print) First Harriett Middle Last Rodgers		4. DATE OF DEATH Month Jan. Day 26 Year 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 27, 1873
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 3 Days 29	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk-dry goods store		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Butler County, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John Rodgers	
13b. MOTHER'S MAIDEN NAME Mary Tipton		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)		16. SOCIAL SECURITY NO. No.	17. INFORMANT Address Mrs. Dorothy Gillispie Wichita, Kans.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cholemia			INTERVAL BETWEEN ONSET AND DEATH 3 yrs
DUE TO (b) Gallstone obstruction of the common duct 2 yrs			
DUE TO (c) Chronic cholecystitis with cholelithiasis, cause unknown 5 yrs			
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"/> 2
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 September 1, 1958 and last saw her alive on Jan 26, 1959 Death occurred at 4:25 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.P. Perkins D.O.		22b. ADDRESS Macon, Missouri	22c. DATE SIGNED 1/26/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 28, 1959	23c. NAME OF CEMETERY OR CREMATORY Little Walnut Cem.	23d. LOCATION (City, town, or county) (State) Augusta Kans.
24. FUNERAL DIRECTOR J.P. Dunstond	ADDRESS Augusta, Kans.	25. DATE RECD. BY LOCAL REG. 1/26/59	26. REGISTRAR'S SIGNATURE Ruth McNeely

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with the disease. All diseases in Part I must be causally related.

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 *Charles L. Hutton*

Licensed Embalmer No. *4577*

P. O. Address *Macon, 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.