

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004431

STATE FILE NUMBER

FILED MAR 3 1959 Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lamar</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Lamar</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Barton Co. Memorial</b>		Length of stay in 1b <b>12 hours</b>	d. STREET ADDRESS (If outside, give location) <b>702 W. 12th St.</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>CLARA</b> Middle <b>MAY</b> Last <b>ROGERS</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>24</b> Year <b>1959</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 12, 1879</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Watertown, Conn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>William Bassette</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Cowles</b>	14. NAME OF HUSBAND OR WIFE <b>M. C. Rogers</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mr. M. C. Rogers, Lamar, Mo.</b>	Address
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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) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>a few minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary Insufficiency and Diabetes</b>	<b>several yrs.</b>	
DUE TO (c) <b>acute Endocarditis</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>acute Endocarditis</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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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 <b>Lamar, Mo.</b>	COUNTY	STATE
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21. I attended the deceased from <b>Sept 1952</b> to <b>Feb 24, 1959</b> and last saw her alive on <b>Feb 24, 1959</b> Death occurred at <b>8:35 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Printed or title) <b>John T. Biebel, M.D.</b>	22b. ADDRESS <b>Lamar, Mo.</b>	22c. DATE SIGNED <b>2/24/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 26, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lake Cemetery</b>	23d. LOCATION (City, town, or county) <b>Lamar, Mo.</b>	(State)
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24. FUNERAL DIRECTOR <b>Chiles Funeral Home, Lamar, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>FEB 26 '59</b>	26. REGISTRAR'S SIGNATURE <b>Marie Kanawitz</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *Clarence R. Child* .....

Licensed Embalmer No. *3473* .....  
P. O. Address *Tamar 3600* .....

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.