

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014148

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 209 Primary Registration District No. _____ Registrar's No. 15

300
-57 4

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LIBERTY TOWNSHIP		c. CITY OR TOWN WARREN <u>0640</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MAPLE LAWN REST HOME		d. STREET ADDRESS MONROE CITY, R.3	

3. NAME OF DECEASED (Type or print) First DORA Middle BELL Last ROGERS			4. DATE OF DEATH Month APRIL Day 23 Year 1959		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 18, 1883	9. AGE (In years, months, days) 76	IF UNDER 1 YEAR Months 1 Days 5	IF UNDER 24 HRS Hours 5 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Houston Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Hardy W. Lilly	13b. MOTHER'S MAIDEN NAME Serah E. Kestner	14. NAME OF HUSBAND OR WIFE Jacob Rogers
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Henry Rhodes, Monroe City, Mo. R. # 3
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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>Senile Dementia</u> DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		304x

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 _____ 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
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21. I attended the deceased from _____ <u>April - 1 - 1959</u> to _____ <u>April 23 - 1959</u> and last saw her alive on _____ <u>4-17-59</u> Death occurred at _____ <u>9:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>E. M. Lucke, M.D.</u>	22b. ADDRESS <u>Honolulu, Gm.</u>	22c. DATE SIGNED <u>4-27-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-26-59	23c. NAME OF CEMETERY OR CREMATORY Warren Cemetery	23d. LOCATION (City, town, or county) (State) Marion County, Missouri
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24. FUNERAL DIRECTOR <u>Wilson Ross</u>	ADDRESS <u>Monroe City, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4-28-59</u>	26. REGISTRAR'S SIGNATURE <u>E. M. Lucke Deputy</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Leslie L. Nelson.....

Licensed Embalmer No. 3014.....

P. O. Address Monroe City, 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.