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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020752
STATE FILE NUMBER

FILED JUN 19 1959 Registration District No. 75 Primary Registration District No. 4138 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lathrop — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clinton
c. CITY OR TOWN Lathrop — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

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3. NAME OF DECEASED (Type or print) First: Norma Middle: Joan Last: Rogers
4. DATE OF DEATH Month: May Day: 29 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb 6 1928
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Virgil Bonner
13b. MOTHER'S MAIDEN NAME: Clarice Smith
14. NAME OF HUSBAND OR WIFE: Virgil Rogers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT: Virgil Rogers Address: Lathrop Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Execution — INTERVAL BETWEEN ONSET AND DEATH: 3 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Electricity
DUE TO (c) 9140
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 22
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell against open electric wire.
20c. TIME OF INJURY Hour 2:30 p.m. Month, Day, Year 5/29/59
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20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION: Lathrop COUNTY: Clinton STATE: Mo.

21. I attended the deceased from Never, to ____ and last saw her/him alive on ____
Death occurred at 2:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. P. Baumier (Degree or title) D.C. Deputy Coroner 3
22b. ADDRESS: Lathrop, Mo.
22c. DATE SIGNED: 5/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-1-1959
23c. NAME OF CEMETERY OR CREMATORY: Lathrop Cemetery
23d. LOCATION (City, town, or county) (State): Lathrop Missouri

24. FUNERAL DIRECTOR: Lyon Funeral Home ADDRESS: Plattsburg, Mo.
25. DATE RECD. BY LOCAL REG.: 6-2-59
26. REGISTRAR'S SIGNATURE: Frances D Crawford

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 Philip E. Cod

Licensed Embalmer No. 4993

P. O. Address Clarksburg, 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.