

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031458

FILED VS SEP 21 1959 38

Registration District No. 3006 Primary Registration District No. 435 Registrar's No. 435

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <u>Missouri</u> COUNTY <u>MORGAN</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>1 month</u>		c. CITY OR TOWN <u>Gravois mills</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U of Missouri medical center</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Route 1, Box 196</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First Middle Last <u>Virginia Rogers M^{rs} Daniel</u>				4. DATE OF DEATH Month Day Year <u>September 15 1959</u>															
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-2-11</u>		9. AGE (last birthday) <u>48</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Lincoln, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>											
13a. FATHER'S NAME <u>Channing W. Rogers</u>				13b. MOTHER'S MAIDEN NAME <u>Hacelle Ramsay</u>				14. NAME OF HUSBAND OR WIFE <u>Luther Edward M^{rs} Daniel</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Hospital Record Chart, Columbia, Mo</u>													
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>Renal failure, uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Tecomyosarcoma of uterus</u> DUE TO (c) <u>Lymphosarcoma, bilateral</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary atelectasis</u>										INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>									
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 WORK <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 <u>Aug 31, 1959</u> to <u>Sept 15, 1959</u> and last saw her <u>Sept 15, 1959</u> alive on <u>Sept 15, 1959</u> Death occurred at <u>5:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) <u>Russell E. Hunter, M.D.</u>						22b. ADDRESS <u>Medical Center, Columbia, Mo</u>				22c. DATE SIGNED <u>Sept 17, 1959</u>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>17 SEPT-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT WASHINGTON</u>				23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>											
24. FUNERAL DIRECTOR <u>Raymond Barber Versailles, Mo</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Sept 17 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>											

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

656: 9 T 100

SEP 30 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.