

UNLICENSED Embalmer's Statement on Reverse Side

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037044

FILED VS NOV 9 1959

STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 70

INDEXED

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| 1. PLACE OF DEATH a. COUNTY <u>Osage</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Gasconade</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Linn</u> | | Length of stay in 1b | c. CITY OR TOWN <u>Owensville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Linn Manor Rest Home</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Wallace</u> Last <u>Rodgers</u> | | | 4. DATE OF DEATH Month <u>November</u> Day <u>3</u> Year <u>1959</u> | | |
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| 5. SEX <u>male</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>1/21/77</u> | 9. AGE (last birthday) <u>82</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>12</u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u> | 11. BIRTHPLACE (City and state or country) <u>Tea Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>George Rodgers</u> | 13b. MOTHER'S MAIDEN NAME <u>Lilly Spurgeon Bates</u> | 14. NAME OF HUSBAND OR WIFE <u>Lilly Spurgeon Rodgers</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>Mrs George Kohman Owensville Mo</u> |
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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>Myocardial Failure</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Atherosclerosis, generalized</u> | |
| | DUE TO (c) <u>Parkinson Disease (Parkinson's Disease) 10 yrs</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) |
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| 20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> | Month, Day, Year <u></u> |
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| 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 |
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21. I attended the deceased from 3-14-59 to 11-3-59 and last saw him alive on 10-28-59.
Death occurred at 5:45 a.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>Thomas W. Baldwin D.O.</u> | 22b. ADDRESS <u>Linn</u> | 22c. DATE SIGNED <u>11/3/59</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>11/6/59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Bowen Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Bland Mo</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>Gottenstroeter F. Home Owensville</u> | 25. DATE RECD. BY LOCAL REG. <u>11-3-59</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Claude Norton</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Wilford H H W

Licensed Embalmer No. 383

P. O. Address OWEN

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.