URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-040341

FILED VS NOV 17 1959

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5263

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 49 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DR. HOSP. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 6710 MONTGALL — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: ANNA Middle: ELIZABETH Last: ROGERS

4. DATE OF DEATH Month: OCT Day: 30 Year: 1959

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: DEC 31, 1890

9. AGE (last birthday): 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

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): IONA, MO.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: WILLIAM HENRY MASON

13b. MOTHER'S MAIDEN NAME: AMANDA CARPENTER

14. NAME OF HUSBAND OR WIFE: RILEY L. ROGERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT: RILEY L. ROGERS Address: 6710 MONTGALL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary edema about	5 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Metastatic carcinoma to lung & liver	15 Mon.
DUE TO (c)	Adenoma of right breast about	2 1/2 yrs.

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb. 14 1959 to Oct. 30, 1959 and last saw her/him alive on Oct. 29, 1959.
Death occurred at 8.40 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A.B. Boyer (Degree or title) D.O.

22b. ADDRESS 5529 Troost KC. Mo.

22c. DATE SIGNED 10/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: NOV 2, 1959

23c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH CEM

23d. LOCATION (City, town, or county) (State): KANSAS CITY MO.

24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS K. C. MO. ADDRESS

25. DATE RECD. BY LOCAL REG.: 11-2-59

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF A. Boyer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.