JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-009804

STATE FILE NUMBER

FILED VS APR 8 1960

Registration District No. 3 Primary Registration District No. 3062 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Purdy
Length of stay in 1b 4 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home
Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY OR TOWN Purdy
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 4 mi. S. W of Purdy
Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Letha Middle Anna Last Rogers
4. DATE OF DEATH Month March Day 23 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH July 13-1896
9. AGE (last birthday) 63
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 Housework
11. BIRTHPLACE (City and state or country) Butterfield Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Stephen Owens
13b. MOTHER'S MAIDEN NAME Caroline Badger
14. NAME OF HUSBAND OR WIFE Clarence 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. 497-32-9123
17. INFORMANT Clarence Rogers Address Purdy 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease — Unknown
DUE TO (c)
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 9/27/54, to 3/23/60 and last saw her/him alive on 7/1/59
Death occurred at 6:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) DO
22b. ADDRESS Purdy Mo
22c. DATE SIGNED 3/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar. 27-1960
23c. NAME OF CEMETERY OR CREMATORY Arnhart Cemetery
23d. LOCATION (City, town, or county) (State) East of Purdy Mo.
24. FUNERAL DIRECTOR Bennett-Warmington, Monett Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 3-27-60
26. REGISTRAR'S SIGNATURE Mrs P. R. Cook

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision. .

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4213

P. O. Address_____

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