

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 29 1960

60-016253

STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella		Length of stay in lb 18 days		c. CITY OR TOWN Neosho, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Memorial Hosp				Inside-Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD 4	
3. NAME OF DECEASED (Type or print) First Middle Last Lillie Maybelle Rodgers			4. DATE OF DEATH Month Day Year April 20 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-10-1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 8 Days 10	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 Housewife		11. BIRTHPLACE (City and state or country) Fairview, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Bennett Russell			13b. MOTHER'S MAIDEN NAME Mary Elizabeth Morrow		14. NAME OF HUSBAND OR WIFE Clarence C. Rodgers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs Mildred Brown Neosho, Mo R#4			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDULLARY FAILURE							INTERVAL BETWEEN ONSET AND DEATH MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Anoxia							3 hours
DUE TO (c) Lobar Pneumonia							1 month
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year						
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 4-2-60 to 4-20-60 and last saw her alive on 4-20-60 Death occurred at 1:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C.R. Holman D.O.			22b. ADDRESS Stella, Mo.		22c. DATE SIGNED 4-22-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-25-1960	23c. NAME OF CEMETERY OR CREMATORY Minister Chapel Cem.		23d. LOCATION (City, town, or county) Wheaton, Mo.		(State)	
24. FUNERAL DIRECTOR W. Morris Logue		ADDRESS Wheaton		25. DATE RECD. BY LOCAL REG. 4-25-60	26. REGISTRAR'S SIGNATURE Mildred Moberly		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 8 1967

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 _____

Signature of Student Embalmer

Signed

James Kenyth A

Licensed Embalmer No. 4767

P. O. Address Wheaton

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.