URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-025713
STATE FILE NUMBER

FILED VS AUG 8 1960

NDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY Audrain	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico — Length of stay in 1b	c. CITY OR TOWN Laddonia — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Kavin	Middle Ray	Last Rogers	4. DATE OF DEATH Month 7 Day 19 Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 7-19-60	9. AGE (last birthday) — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours 6 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Mexico, Mo.	12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Don Rogers	13b. MOTHER'S MAIDEN NAME Norma Elaine Grocker	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Don Rogers	Address Laddonia, 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) Physiological Immaturity — INTERVAL BETWEEN ONSET AND DEATH 3 hours.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Premature birth — (6 mos pregnancy)

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 7-19-60, to 7-19-60 and last saw her/him alive on 7-19-60

Death occurred at 10:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) K. G. Swan Co	22b. ADDRESS Mexico, Mo	22c. DATE SIGNED 8-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-20-1960	23c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery	23d. LOCATION (City, town, or county) (State) Laddonia Mo.
24. FUNERAL DIRECTOR ADDRESS Wilkey & Bienhoff Laddonia, Mo.	25. DATE RECD. BY LOCAL REG. Aug. 5. 1960	26. REGISTRAR'S SIGNATURE Blanche Nedy	

(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_____
Signature of Student Embalmer

Signed Clyde E. [illegible]

Licensed Embalmer No. 382[illegible]

P. O. Address Peru, N[illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co[illegible] 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.