

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038071

FILED VS OCT 24 1960

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 10350

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dade</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b <u>4 days</u>		c. CITY OR TOWN <u>Greenfield</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Baptist Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R#2 - 2 mi. S.W.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Ella</u> Middle <u>May</u> Last <u>Rogers</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>11</u> Year <u>1960</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-25-1882</u>		9. AGE (last birthday) <u>78</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			11. BIRTHPLACE (City and state or country) <u>Greene County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>				
13a. FATHER'S NAME <u>William Jackson Rogers</u>				13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Ream</u>				14. NAME OF HUSBAND OR WIFE					
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. <u>None</u>		17. INFORMANT <u>Mr. Joe Rogers; Greenfield, Mo.</u>		Address <u>R#2</u>							
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>Chronic Lymphatic Leukemia with 2 yrs</u> DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>1 wk</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.													
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					
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 <u>6 Oct 1960</u> to <u>11 Oct 60</u> and last saw her <u>alive</u> on <u>11 Oct 60</u> Death occurred at <u>9:00 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Deceased or title) <u>E. Callaway M.D.</u>				22b. ADDRESS <u>Spfld, Mo</u>				22c. DATE SIGNED <u>10/15/60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 12, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cem.</u>		23d. LOCATION (City, town, or county) <u>Greenfield, Mo.</u>		(State)					
24. FUNERAL DIRECTOR <u>J. C. Canada; Greenfield, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>10-18-60</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Meeter</u>							

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 _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. C. Canada

Licensed Embalmer No. *4196*

P. O. Address *Greenfield*

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.