

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046880

FILED VS JAN 9 1961

227

Primary Registration District No. 5807

Registrar's No. 51

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Monroe</i>				2. USUAL RESIDENCE (Where deceased lived) If Institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Randolph</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Union</i>		Length of stay in 1b <i>4 Months</i>		c. CITY OR TOWN <i>Cairo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>P.F. &amp; V. Madiam</i>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>-</i>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>DORA EDA ROGERS</i>				4. DATE OF DEATH Month Day Year <i>Dec-29-1960</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>9-21-1874</i>	9. AGE (last birthday) <i>86</i>	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) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (City and state or country) <i>Cairo Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>John S. Bennett</i>			13b. MOTHER'S MAIDEN NAME <i>Ann Matthews</i>			14. NAME OF HUSBAND OR WIFE <i>None</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT Address <i>Floresie Rogers Cairo Mo.</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic heart disease.</i>							INTERVAL BETWEEN ONSET AND DEATH Years		
DUE TO (b) <i>Hypertrophic osteoarthritis.</i>							Years.		
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fracture left femur, June 1960.</i>					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 Month, Day, Year <i>Hour a.m. p.m.</i>									
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 <i>1948</i> to <i>Dec. 1960</i> and last saw her <sup>him</sup> alive on <i>Nov. 21, 1960</i>				Death occurred at <i>9:00 A.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Will Henry Moberly</i>			22b. ADDRESS <i>Moberly, Mo.</i>			22c. DATE SIGNED <i>12-30-60</i>			
23a. BURIAL, CREMATION, REMOVAL (Date) <i>Burial</i>	23b. DATE <i>Dec.-31-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Grand Prairie Cemetery</i>		23d. LOCATION (City, town, or county) <i>Cairo Mo.</i>		23e. (State)			
24. FUNERAL DIRECTOR ADDRESS <i>Cater Funeral Home Moberly Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>12-30-60</i>		26. REGISTRAR'S SIGNATURE <i>F. A. Barnett M.D.</i>				

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
*R. M. Carter*

Licensed Embalmer No. 4117

P. O. Address Moherly

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.