

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 27 1961

-61-002440

STATE FILE NUMBER

AMENDED

Registration District No. 267 Primary Registration District No. 2902 Registrar's No. 6

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Length of stay in lb Life		c. CITY OR TOWN Hayti		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. 1 Box 303		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First John Middle L. Last Rogers				4. DATE OF DEATH Month Jan. Day 16, Year 1961					
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-15-60		9. AGE (last birthday) IF UNDER 1 YEAR Months 3 Days 1 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and state or country) Hayti, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Bill Rogers			13b. MOTHER'S MAIDEN NAME Katherine Smith			14. NAME OF HUSBAND OR WIFE XX			
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. XX		17. INFORMANT Address Katherine Rogers, Hayti, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diarrhea, uremia, DUE TO (c) and dehydration							INTERVAL BETWEEN ONSET AND DEATH		
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 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 8-55 1-15-61 to 1-16-61 and last saw ^{her} him alive on 1-16-61 Death occurred at 8-55 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE [Signature] (Degree or title) M.D.				22b. ADDRESS Hayti, Mo.				22c. DATE SIGNED 1-18-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-17-61	23c. NAME OF CEMETERY OR CREMATORY Homestown Cemetery		23d. LOCATION (City, town, or county) (State) Wardell, Missouri				
24. FUNERAL DIRECTOR Osburn Funeral Home, Hayti, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 1-19-61		26. REGISTRAR'S SIGNATURE [Signature]			

Not Embalmed..

JAN 27 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ (BODY WAS NOT EMBALMED) _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.