

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022250  
STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. \_\_\_\_\_ Registrar's No. 44

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

**FILED JUN 26 1961**

1. PLACE OF DEATH  
a. COUNTY Ripley  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan Route 1 Length of stay in 1b 1 day  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 M. S.E. of Doniphan Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Illinois b. COUNTY St. Clair  
c. CITY OR TOWN Dupo Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 209 Lime Street Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Nancy Lyn Rodgers  
4. DATE OF DEATH Month Day Year June 12, 1961

5. SEX Female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Jan 20, 1960 9. AGE (last birthday) 1  
IF UNDER 1 YEAR: Months Days Hours Min. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked 10b. KIND OF BUSINESS OR INDUSTRY Never worked 11. BIRTHPLACE (City and state or country) East St. Louis, Illinois 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Truman Rodgers 13b. MOTHER'S MAIDEN NAME Bertha Lucas 14. NAME OF HUSBAND OR WIFE Never married

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 Truman Rodgers, Dupo, Illinois Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Congenital Hydrocephalus INTERVAL BETWEEN ONSET AND DEATH From birth  
DUE TO (b) Spina Bifida and Meningocele From birth  
DUE TO (c) \_\_\_\_\_  
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) Measles (Hemorrhagic). Found dead in bed.  
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 Month, Day, Year a.m. p.m. \_\_\_\_\_

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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ray Measor; Coroner 22b. ADDRESS Doniphan, Missouri 22c. DATE SIGNED June 12, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE June 13, 1961 23c. NAME OF CEMETERY OR CREMATORY Success Arkansas Cem. Success, Arkansas 23d. LOCATION (City, town, or county) (State) \_\_\_\_\_

24. FUNERAL DIRECTOR ADDRESS Ray Measor, Doniphan, Mo. 6-21-61 25. DATE RECD. BY LOCAL REG. \_\_\_\_\_ 26. REGISTRAR'S SIGNATURE Flora Brzy

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

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

Signed Ray Meams

Licensed Embalmer No. 3743

P. O. Address Doniphan, Mo.

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.