

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033338

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 152

FILED OCT 9 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City | | Length of stay in 1b 111 1 wk. | c. CITY OR TOWN Webb City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 116 1/2 W. Daugherty | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 116 1/2 W. Daugherty Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Jesse Middle Alferd Last Rodgers | | | 4. DATE OF DEATH Month Oct. Day 5 Year 1961 |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/14/1886 |
| 9. AGE (last birthday) 75 | | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Plaster Contractor | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Illinois |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME George Rodgers | |
| 13b. MOTHER'S MAIDEN NAME Sarah Adkins | | 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) NO | | 17. INFORMANT Address Mrs. Jessica Reynard, Wichita, Kans. | |
| 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 Bil DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Fracture 1st Lumbar Vertebra Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 49 hrs 3 years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture 1st Lumbar Vertebra | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Webb City, Mo. |
| 20g. COUNTY | | 20h. STATE | |
| 21. I attended the deceased from Sept. 6, 1961 to Sept. 25, 61 and last saw him alive on Sept. 25, 1961 Death occurred at Webb City, Mo. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Lewis J. [Signature] (Degree or title) | | 22b. ADDRESS 201 Medical Arts, Joplin, Mo. | 22c. DATE SIGNED 10/6, 61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 10/10/1961 | 23c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery | 23d. LOCATION (City, town, or county) (State) Wichita, Kansas |
| 24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, Webb City, Mo. | | 25. DATE RECD. BY LOCAL REG. 10-7-61 | 26. REGISTRAR'S SIGNATURE Mrs. Madeline Scitgen |

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 Richard H. Lewis

Licensed Embalmer No. 14403

P. O. Address Wash City, 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.