

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011312

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1453

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 2 1962

a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City Length of stay in 1b 35 YRS

c. CITY OR TOWN Kansas City Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Inside Limits Yes No

d. STREET ADDRESS 1119 1100 E 17th (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Agnes Middle Rodgers Last Rodgers 4. DATE OF DEATH Month March Day 8 Year 1962

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Feb 1903 9. AGE (last birthday) 59 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) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Manfield La. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Johnnie Kie 13b. MOTHER'S MAIDEN NAME Millie Brown 14. NAME OF HUSBAND OR WIFE Vernal Rodgers

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. — 17. INFORMANT Lola Cloud, 1021 Bot 179, Kerens, Texas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

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. 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 a.m. p.m. Month, Day, Year

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 3-8-62 to 3-8-62 and last saw her/him alive on 3-8-62 Death occurred at 2:59 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Ellis (Degree or title) 22b. ADDRESS 2400 Cherry 22c. DATE SIGNED 3-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3-18-62 23c. NAME OF CEMETERY OR CREMATORY Kerens 23d. LOCATION (City, town, or county) (State) Kerens Texas

24. FUNERAL DIRECTOR ADDRESS MANLOVE-Williams 1229 Lydia 25. DATE RECD. BY LOCAL REG. 3-12-62 26. REGISTRAR'S SIGNATURE Keith Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

VS 300 Rev. 4/59
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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 Eddie Middleton

Licensed Embalmer No. 5046

P. O. Address N.C. 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.