

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33449

State File No.

BIRTH NO. REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Malden</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Malden</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>207 N. Clinton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 207 N. Clinton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAN</u> b. (Middle) <u>Harrison</u> c. (Last) <u>Rodgers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 22, 1861</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>7</u>	IF UNDER 18 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miscellaneous labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Rodgers</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Flora Rodgers</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Flora Rodgers</u>	ADDRESS <u>207 N. Clinton Malden, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hardening of Arteries</u>		
	DUE TO (c) <u>Heart attack</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>			<u>4221</u>

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Malden (Dunklin) Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from May 13, 1949 to Oct 29, 1949 that I last saw the deceased alive on Oct 29, 1949 and that death occurred at 2 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Calkins, M.D.</u>	23b. ADDRESS <u>Malden</u>	23c. DATE SIGNED <u>Oct 30/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 30, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Four Mile Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Campbell Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov 4, 1949</u>	REGISTRAR'S SIGNATURE <u>J. J. Schuman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home</u>	ADDRESS <u>Campbell, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 7 1910
District Health Office N
District File Number 1149
to be Filed

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
Student Embalmer

Signed Christina M. Landis

Licensed Embalmer No. 4227

P. O. Address Campbell, N

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 this body is not embalmed, fact should be so stated above.