

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44031

State File No. ....

FILED MAY 16 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5572 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RIVERSIDE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Granite City</u> <u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>2402 Madison</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u> b. (Middle) <u>Madison</u> c. (Last) <u>Rogers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 12 1949</u>		
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 15, 1907</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Appliance Store</u>	11. BIRTHPLACE (State or foreign country) <u>Seymour, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Elmer Rogers.</u>	13b. MOTHER'S MAIDEN NAME <u>ELENA Yost</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret C. ROGERS</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Rogers</u> ADDRESS <u>Granite City, Ill.</u>
--	-------------------------------------	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DROWNING</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>LUERDIT DE JURY) CAME TO</u> DUE TO (c) <u>DEATH BY DROWNING</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CAUSE UNKNOWN.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>050</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>OPEN VERDICT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>MISS. RIVER</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>RIVERSIDE JEFFERSON MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>AT WORK</u>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from INQUEST, 19, to 21 MAR 8 1950, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Daniel J. Mahoney</u> (Degree or title)	23b. ADDRESS <u>Repts, Mo.</u>	23c. DATE SIGNED <u>4/10/50</u>
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal to Madison, Illinois</u>	24b. DATE <u>May 25 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Edwardsville, Illinois</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>April 13 1950</u>	REGISTRAR'S SIGNATURE <u>Cleana Bellville</u> <u>142</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marcia J. Jolley</u> ADDRESS <u>Madison, Ill.</u>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

1949

DATE RECEIVED 5-11-50  
JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

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 *Francis J. Lasky* .....

Licensed Embalmer No. *2792* .....

P. O. Address *Madison, Ill.* .....

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.