

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

71967

FILED FEB 25 1950

State File No. \_\_\_\_\_  
Registrar's No. 419

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Illinois</u> b. COUNTY <u>Macoupin</u>		
b. CITY OR TOWN <u>Jefferson Barracks, Mo.</u>		c. LENGTH OF STAY (in this place) <u>25 days</u>	c. CITY OR TOWN <u>Carlinville</u>		8120
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet. Admin. Hosp. Jeff. Brks. Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>351 Elm St.,</u>		
3. NAME OF DECEASED (Type or Print) <u>Thomas</u>		a. (First)	b. (Middle)	c. (Last) <u>Rodgers</u>	4. DATE OF DEATH <u>February 15, 1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 4, 1888</u>	9. AGE (In years last birthday) <u>61</u>	10. UNDER 1 YEAR <u>2</u> MONTHS <u>11</u> DAYS <u>11</u> HOURS <u></u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hardin, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Columbus Rodgers</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Lulu M. Rodgers (wife)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 5/27/18-5/30/19</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Records, Jeff. Brks. Mo.</u> ADDRESS		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
			II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		7 Years
			DUE TO (c)		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
18a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		42000
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5/10/50 5:00 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>January 23, 1950</u> , to <u>February 15, 1950</u> , that I saw the deceased <u>die on February 15, 1950</u> , and that death occurred at <u>6:40 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>L.O. Stille</u>			23b. ADDRESS		23c. DATE SIGNED <u>2/15/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-16-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mayfield</u>		24d. LOCATION (City, town, or county) (State) <u>Carlinville Ill</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>FEB 16 1950</u> <u>Herbert R. Dombke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe-Fun. Dir. 4700 Washington St., St. Louis, Mo.</u>			

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Alvin R. Padwell*

Signed.....

Student Embalmer

Licensed Embalmer No. 4077

P. O. Address.....

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.