

FILED OCT 16 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 31228

BIRTH NO. _____		REG. DIST. NO. 255		PRIMARY REG. DIST. NO. 4387		Registrar's No. 20			
1. PLACE OF DEATH a. COUNTY Oregon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Oregon					
b. CITY (If outside corporate limits, write RURAL and give township) Alton		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Alton - Rural					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)		a. (First) ARLISS		b. (Middle) J.		c. (Last) ROGERS			
4. DATE OF DEATH		(Month) Sept.		(Day) 18		(Year) 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH April 30, 1930		9. AGE (In years last birthday) 20			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmhand		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Roxana, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Ezra Lewis Rodgers			13b. MOTHER'S MAIDEN NAME Cecil Ora (Rodgers)			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 10/47--2/50		17. INFORMANT'S SIGNATURE OR NAME Ezra Rodgers		ADDRESS Quin, Mo.			
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)				Gun Wound in Head					
ANTECEDENT CAUSES				DUE TO (b) Accidental					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Self Inflicted					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT * (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.									
23a. SIGNATURE Shee (Doc) Martin Carver 3				23b. ADDRESS Quin Mo		23c. DATE SIGNED 9-25-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 21, 1950		24c. NAME OF CEMETERY OR CREMATORY Quin cemetery Quin		24d. LOCATION (City, town, or county) (State) Mo.			
DATE REC'D BY LOCAL REG. Oct 7-50		REGISTRAR'S SIGNATURE MO W Johnson		25. FUNERAL DIRECTOR'S SIGNATURE John & Clay		ADDRESS Alton Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

1951 F. Y. 1957

AUG 23 1957

1795127 1957

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.....  
Student Embalmer

Signed *John A. Clary*  
Licensed Embalmer No. *44715*

P. O. Address *Box 398 Alton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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