S. No. 300
. 10.48

FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9787

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY St Francois Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Flat River City
c. LENGTH OF STAY (in this place) 28 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Flat River, Mo
d. STREET ADDRESS (If rural, give location) 27 Howell St

0942

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Benton c. (Last) Rogers.

4. DATE OF DEATH (Month) March (Day) 26 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH May 26 1884

9. AGE (In years last birthday) 66 — If under 1 year: Months 10, Days 0 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining

10b. KIND OF BUSINESS OR INDUSTRY St Joseph Lead Co

11. BIRTHPLACE (State or foreign country) Moulamoke Mo

12. CITIZEN OF WHAT COUNTRY? Mahison

13a. FATHER'S NAME James Rogers.

13b. MOTHER'S MAIDEN NAME Mary Skaggs.

14. NAME OF HUSBAND OR WIFE Ida Rogers Womack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 493039413

17. INFORMANT'S SIGNATURE OR NAME Ida Rogers. **ADDRESS** Flat River, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death* Arg patient after death – cerebral hemorrhage indicated death from above cause (a) by coroner Stoy Pauel

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Natural Cause.

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 1:40 m., from the causes and on the date stated above.*

23a. SIGNATURE W. A. Rabbitz D.O. (Degree or title)

23b. ADDRESS Flat River Mo

23c. DATE SIGNED 3/24/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-28-51

24c. NAME OF CEMETERY OR CREMATORY St Francois Memorial Park

24d. LOCATION (City, town, or county) (State) Bonneterre Mo

DATE REC'D BY LOCAL REG. Mar 28, 1951

REGISTRAR'S SIGNATURE Esther Rudolph 289

25. FUNERAL DIRECTOR'S SIGNATURE Sparks **ADDRESS** Flat River, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 2 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 Everett Sparks

Signed .....
Student Embalmer

Licensed Embalmer No. 4287

P. O. Address Flat River 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 this body is not embalmed, fact should be so stated above.