

FILED MAY 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15577

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 321 PRIMARY REG. DIST. NO. 4042 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>BOLLINGER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WUTESVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WUTESVILLE 0090</b>	
c. LENGTH OF STAY (in this place) <b>28 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>NONE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>SAMUEL</b> c. (Last) <b>ROGERS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5 - 3 - 51</b>
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5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>6-7-1887</b>	9. AGE (In years last birthday) <b>63</b>	10. MONTHS <b>11</b>	11. DAYS <b>26</b>	12. HOURS <b></b>	13. MIN. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED CAFE OPERATOR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>WINDSOR ILL.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>VIVA M. ROGERS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VIVA M. ROGERS</b>	18. ADDRESS <b>WUTESVILLE, MO</b>
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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) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		
	DUE TO (c) <b>Arteriosclerosis</b>		
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 <b>331x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	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 **Feb. 10, 1951**, to **May 3, 1951**, that I last saw the deceased alive on **May 3, 1951**, and that death occurred at **2:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Evelyn L. Price, D.O.</b> (Degree or title)	23b. ADDRESS <b>Lutesville, Missouri</b>	23c. DATE SIGNED <b>5-8-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>5-5-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BAKER CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>WUTESVILLE MO.</b>
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DATE REC'D BY LOCAL REG. <b>May 9, 1951</b>	REGISTRAR'S SIGNATURE <b>William Van Dusen</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>BAKER FUNERAL HOME</b>	ADDRESS <b>WUTESVILLE, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2090

RECEIVED

MAY 16 1951

DISTRICT HEALTH OFFICE No. 6

No. ....

MAY 17 1951

**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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Md.

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.