

FILED JUL 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20979

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 4410		Registrar's No. 33		
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James Mo		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James, Mo. 887.0				
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. ADDRESS (If rural, give location) Soldiers Home				
3. NAME OF DECEASED (Type or Print) John Rogers			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH July 2 1951		(Month)		(Day)		(Year)		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec 21, 1882		
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 6		IF UNDER 1 YEAR Day 11		IF UNDER 1 HR. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pinsoner			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Newark, New Jersey		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Mary Louise		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. Spanish-Am		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Federal Soldiers Home St. James Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 24 hours						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis						
		DUE TO (c) Carcinoma of Colon						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		42014						
19a. DATE OF OPERATION 1950		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon (Resected)					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Nov. 15, 1949, to July 2, 1951, that I last saw the deceased alive on July 2, 1951, and that death occurred at 5:00 a.m. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) James H. Pettit M.D.				23b. ADDRESS St. James, Mo.		23c. DATE SIGNED July 2, 1951		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-3-51		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		24d. LOCATION (City, town, or county) (State) St. James, Mo.		
DATE REC'D BY LOCAL REG July 3, 51		REGISTRAR'S SIGNATURE 253 Cora C. Birmingham		25 FUNERAL DIRECTOR'S SIGNATURE C. Jesse Gahr		ADDRESS St. James, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

1957 JUN 12 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 A. Jesse Gahr

Signed.....
Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, Missouri

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.