

FILED JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19524

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

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 609

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>803 Prospect Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			
3. NAME OF DECEASED a. (First) <u>DONALD</u>		b. (Middle) _____ c. (Last) <u>ROGERS</u>	
4. DATE OF DEATH <u>June 4, 1952</u>		5. SEX <u>male</u> 6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>		8. DATE OF BIRTH <u>Sept. 22, 1926</u>	
9. AGE (In years last birthday) <u>25</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Light & Power Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lineman</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	
13a. FATHER'S NAME <u>Fred Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Gladys Tolles</u>	
14. NAME OF HUSBAND OR WIFE <u>Betty Caldwell Rogers</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>W.W. #2</u>	
16. SOCIAL SECURITY NO. <u>495-26-4472</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Betty Rogers</u> ADDRESS <u>803 Prospect, City</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electric shock and burn</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6-7 hrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High power wire contact</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 9145</u> <u>10</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>131</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-3-52 5:30 P.M.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>High power wire contact</u>	
22. I hereby certify that I attended the deceased from <u>June 3, 1952</u> , to <u>June 4, 1952</u> , that I last saw the deceased alive on <u>June 3, 1952</u> , and that death occurred at <u>12:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul J. Forgrave M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Joseph, Mo.</u>	
23c. DATE SIGNED <u>6-4-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6-7-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bowman</u> ADDRESS <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 14, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl G. Baste</u>	

JUN 16 1952

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

James B. Hawkins

Licensed Embalmer No. *4536*

P. O. Address *319 S. 10th St. Joplin*

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.