

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Massac</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Girardeau</u> c. LENGTH OF STAY (in this place) <u>1 WK.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Metropolis</u> <u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SouthEast Missouri Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>1411 Metropolis Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>Louis</u>	c. (Last) <u>Rogers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>21</u> <u>53</u>
---	--------------------------	-------------------------	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-17-1884</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
-----------------	----------------------------	---	-----------------------------------	---	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Tie Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	---

13a. FATHER'S NAME <u>James Franklin Rogers</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Elizabeth Ragsdale</u>	14. NAME OF HUSBAND OR WIFE <u>ROBERS, Lucy Caroline Shook</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>XXXXXXXXXX 342109145</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Claude Rogers</u>	ADDRESS <u>4 Metropolis, Ill.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis 443X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Benign Prostatic Hypertrophy</u>			

19a. DATE OF OPERATION <u>3-19-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Benign Prostatic Hypertrophy</u>	19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	--	---

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)	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 3-19, 1953, to 3-21, 1953, that I last saw the deceased alive on 3-21, 1953, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Karl B. ...</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Cape Girardeau</u>	23c. DATE SIGNED <u>3-27-53</u>
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-21-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	24d. LOCATION (City, town, or county) (State) <u>Metropolis Ill.</u>
--	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-27-53</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raine-Jurnal Home</u>	ADDRESS <u>Metropolis Ill.</u>
---	--	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

164

APR 11 1958

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 *William Lee Townes*

Licensed Embalmer No. *4410*

P. O. Address *Cape Girardeau*

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.

YORU