

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25664

State File No. 264
Registrar's No. 264

FILED JUL 30 1953

REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

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

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ill. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mason City 8120 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital | | d. STREET ADDRESS (If rural, give location) 8 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) EVELYN b. (Middle) M. c. (Last) ROGIER | | | 4. DATE OF DEATH (Month) 7 (Day) 19 (Year) 53 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH 1-8-1911 |
| 9. AGE (In years last birthday) 42 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian | 11. BIRTHPLACE (City and State or Foreign Country) / Mason City, Ill |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian | | 10b. KIND OF BUSINESS OR INDUSTRY University Ill | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Dr. H.O. Rogier | | 13b. MOTHER'S MAIDEN NAME Stella Suppiger | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Stella Rogier ADDRESS Mas on City Ill |
| 18. CAUSE OF DEATH Enter only one cause for 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Artery to Chest</i> INTERVAL BETWEEN ONSET AND DEATH 6 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Fracture 2 to 11 ribs bilaterally</i> 6 hours DUE TO (c) <i>Fracture 2 Thoracic vertebrae</i> 6 hours II. OTHER SIGNIFICANT CONDITIONS: <i>Lesion of myocardium</i> Conditions contributing to the death but not related to the disease or condition causing death. 6 hours | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 064 (STATE) Mo | |
| 21d. TIME OF INJURY (Month) 7 (Day) 19 (Year) 53 (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Automobile Accident | |
| 22. I hereby certify that I attended the deceased from 7/19/53, 1953, to 7/19, 1953, that I last saw the deceased alive on 7/19, 1953 and that death occurred at 7:30 P.M., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Robert J. Lanning M.D. | | 23b. ADDRESS Hannibal, Mo | 23c. DATE SIGNED 7/20/53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 7-20-53 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Mason City Ill |
| DATE REC'D BY LOCAL REG. 7/20/53 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.M. O'Donnell Hannibal Mo. | |

RECEIVED JUL 20 1953
MARION CO. HEALTH DEPT.
DATE FILED JUL 29 1953

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 _____

Licensed Embalmer No. 3889

P. O. Address Hinsdale, Ill.

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.