

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5692

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4370 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clearmont</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clearmont</u> <u>0740</u>	
c. LENGTH OF STAY (in this place) <u>5 WKS.</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallin Nursing Home 4</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BENJAMIN</u>	b. (Middle) <u>GEORGE</u>	c. (Last) <u>ROGERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 7 55</u>
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5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8/2/86</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u>	11. BIRTHPLACE (State or foreign country) <u>Clearmont, Missouri 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Thomas J. Rogers</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa J. Wallace</u>	14. NAME OF HUSBAND OR WIFE <u>Susan Adkins Rogers</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ben Rogers</u>	ADDRESS <u>Clearmont, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myeloid Leukemia - untreated</u>	DUE TO (b) <u>Colic</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Prostatic hypertrophy</u>		<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Jejunum - colic fistula</u>		<u>?</u>
	<u>Prostatectomy done 1954</u>		

19. DATE OF OPERATION <u>2/15/54</u>	19c. MAJOR FINDINGS OF OPERATION <u>Jejunum - colic fistula - 6.0 adhesions</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>6006 X</u>
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 12:15, 1954, to March 7, 1955, that I last saw the deceased alive on 2/15, 1955, and that death occurred at 12 noon m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. Blum</u> (Degree or title) <u>O M. D.</u>	23b. ADDRESS <u>Maryville, Missouri</u>	23c. DATE SIGNED <u>3/10/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/10/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clearmont</u>	24d. LOCATION (City, town, or county) (State) <u>Clearmont, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3/12/55</u>	REGISTRAR'S SIGNATURE <u>Beas Holt</u> <u>229</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Funeral Home</u>	ADDRESS <u>Maryville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

*Clara M. Price*

Licensed Embalmer No.

*1822*

P. O. Address

*Mayville Mo*

**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.