

FILED JUL 12 1955

STANDARD CERTIFICATE OF DEATH

State File No.

1955

BIRTH NO. 187 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5748 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>MINE LA MOTTE</u>		c. LENGTH OF STAY (In this place) <u>YRS</u>		c. CITY OR TOWN <u>MINE LA MOTTE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Home</u>				STREET ADDRESS (If rural, give location) <u>0620</u>			
3. NAME OF DECEASED a. (First) <u>FLOYD</u>			b. (Middle) <u>(NONE)</u>		c. (Last) <u>ROGERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 8 1955</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 13 1897</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER (RET)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MINING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MADISON COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>FRANK ROGERS</u>			13b. MOTHER'S MAIDEN NAME <u>JANE JOHNSON</u>		14. NAME OF HUSBAND OR WIFE <u>NETTIE ROGERS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>NETTIE ROGERS MINE LA MOTTE MO.</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4-200</u>				20. 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) (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 <u>July 6, 1955</u> , to <u>July 8, 1955</u> , that I last saw the deceased alive on <u>July 8, 1955</u> , and that death occurred at <u>10:25 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles E. Michael, M.D.</u>				23b. ADDRESS <u>135 S. Mine La Motte, Fredericktown, Mo.</u>		23c. DATE SIGNED <u>July 8, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MINE LA MOTTE</u>		24d. LOCATION (City, town, or county) (State) <u>MINE LA MOTTE MO.</u>		
DATE REC'D BY LOCAL REG. <u>7-8-1955</u>		REGISTRAR'S SIGNATURE <u>Therese Hick</u>		187		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Adamson - FREDERICKTOWN MO.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

ANDERSON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
JUL 11 1955
RECEIVED

FILE No. 755-34

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 _____
Signature of Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 488

P. O. Address Fredonia

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.