

FILED JUN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19762

State File No. 542

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>6032</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>RURAL - JORDAN</u>		c. LENGTH OF STAY (in this place) <u>55 years</u>		c. CITY OR TOWN <u>RURAL</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 HOSPITAL OR INSTITUTION <u>DONIPHAN RT. # 2</u>				e. STREET ADDRESS (If rural, give location) <u>DONIPHAN RT. # 2</u>			
3. NAME OF DECEASED (First) <u>IRENEAUS</u>		b. (Middle) <u>ORR</u>		c. (Last) <u>ROGERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 26-1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 16-1886</u>	
9. AGE (In years last birthday) <u>68</u>		if UNDER 1 YEAR Months <u>8</u>		if UNDER 2 HRS. Hours <u>10</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JASPER COUNTY - ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>ALFRED ROGERS</u>		13b. MOTHER'S MAIDEN NAME <u>KITURAH STANLEY</u>		14. NAME OF HUSBAND OR WIFE <u>ETHEL ROGERS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS # <u>MELVIN ROGERS - DONIPHAN RT. # 2</u>			
18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cancer of prostate gland. (Capecemoured)</u>					
		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>a general cancer condition</u>					
		DUE TO (c) <u>177X</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>minor operation for diagnosis - cancerous</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>Nov 1954</u> to <u>May 24, 1955</u> , that I last saw the deceased alive on <u>May 12, 1955</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>St. White md</u> (Degree or title)				23b. ADDRESS <u>Waylor mo</u>		23c. DATE SIGNED <u>5/28/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/28/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRDEALING CEM. FAIRDEALING - Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>6-14-1955</u>		REGISTRAR'S SIGNATURE <u>OR Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>EDWARDS FUNERAL HOME - Mo</u>			

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

DONIPHAN - Mo

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 *Gene H. Parre*

Licensed Embalmer No. *481*

P. O. Address *Donipha*

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.