

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28583

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1921

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO.</u> b. CITY <u>[REDACTED]</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KOCH MO</u>		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROBERT KOCH HOSP</u>		c. CITY OR TOWN <u>ST. LOUIS</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>4366 N. PHERSON</u>			
3. NAME OF DECEASED a. (First) <u>IRENE</u> b. (Middle) <u>MARY</u> c. (Last) <u>ROGERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 16 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5-5-1918</u>
9. AGE (In years) <u>37</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>PIKE COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>HENRY GROVER</u>		13b. MOTHER'S MAIDEN NAME <u>EFFIE McBRIDE</u>	
14. NAME OF HUSBAND OR WIFE <u>WILMER 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 <u>ROBERT KOCH HOSP. CHART</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EDEMA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 HOURS</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>5 DAYS POST OP RT.</u>	
DUE TO (c) <u>PNEUMONECTOMY</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PULMONARY TUBERCULOSIS</u>		<u>7 YEARS.</u>	
19a. DATE OF OPERATION <u>8/11/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>TUBERCULOSIS OF RIGHT LUNG 002X</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>7/19 1955</u> , to <u>8/16 1955</u> , that I last saw the deceased alive on <u>8/16 1955</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas B. Ferguson</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Koch Hospital Koch MO</u>	
23c. DATE SIGNED <u>17 Aug 55</u>			
24a. BURIAL - CREMATION REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>8-17-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ST. CIGANES</u>		24d. LOCATION (City, town, or county) (State) <u>BOWLING GREEN MO</u>	
DATE REC'D BY LOCAL REG. <u>8/18/55</u>		REGISTRAR'S SIGNATURE <u>Nehuel R. Bankhead</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>RALE BANKHEAD</u> ADDRESS <u>BOWLING GREEN MO</u>			

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

NOV 7 1955

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.....
Harold C. Kirk

Licensed Embalmer No. 459

P. O. Address *Baltimore*

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.