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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33762

FILED OCT 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 407

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		b. COUNTY <b>JASPER</b>	
c. LENGTH OF STAY (in this place) <b>4 yrs.</b>		c. CITY OR TOWN <b>JOPLIN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location) <b>2215 Empire St.</b>		04950	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>CHARLIE</b>	b. (Middle) <b>LEE</b>	c. (Last) <b>ROGERS</b>	<b>OCT 7, 1955</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>OCT 14, 1877</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETD. FARMER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>PLEASANT GAP, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>JOHN ROGERS</b>	13b. MOTHER'S MAIDEN NAME <b>REBECCA MALLOT</b>	14. NAME OF HUSBAND OR WIFE <b>JULIA ROUNT</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (You, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. PAUL MCDANIEL</b>	ADDRESS <b>JOPLIN, MO.</b>
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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) <b>Acute Coronary Thrombosis</b>		<b>1 day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertension</b> DUE TO (b)  DUE TO (c) <b>4201</b>		<b>3 years</b>
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 \_\_\_\_\_, 1952, to 10-7-55, 19\_\_\_\_, that I last saw the deceased alive on 10-7-, 1955, and that death occurred at 9:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Paul McDaniel</i>	23b. ADDRESS <b>607 Frisco Bldg. Joplin, Mo.</b>	23c. DATE SIGNED <b>10-8-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-10-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL</b>	24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>10-10-55</b>	REGISTRAR'S SIGNATURE <i>Paul McDaniel</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>THE ULMER FUNERAL HOME</b>	ADDRESS <b>CARTHAGE</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 83-10-696  
Date Filed OCT 17 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 *William A. Fulks*

Licensed Embalmer No. *46*

P. O. Address *Carthage*

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.