

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40107

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>101</u>		PRIMARY REG. DIST. NO. <u>5415</u>		Registrar's No. <u>65</u>					
1. PLACE OF DEATH a. COUNTY <u>DOUGLAS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u>				b. COUNTY <u>DOUGLAS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WOOD twp.</u>		c. LENGTH OF STAY (in this place) <u>46 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WOOD twp 0340</u>		d. STREET ADDRESS (If rural, give location) <u>14 miles So. of CABOOL</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u>			b. (Middle) <u>FRANKLIN</u>		c. (Last) <u>ROGERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-23-55</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>9-30-1895</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MARIES CO., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>ISSAC ROGERS</u>			13b. MOTHER'S MAIDEN NAME <u>AMANDA PARKER</u>			14. NAME OF HUSBAND OR WIFE					
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.		17. INFORMANT'S SIGNATURE OR NAME <u>PRICE ROGERS, CABOOL, MO.</u>						ADDRESS
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, ashenia, etc. It means the disease, injury, or complication which caused death.											
MEDICAL CERTIFICATION											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self inflicted gun shot</u>											
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>wound; by placing 12 ga. Shotgun</u>											
DUE TO (c) <u>in mouth.</u>											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>976x</u>											
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>WOOD twp. DOUGLAS, MO.</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-23-55 4:00 p.m.</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>SELF INFLICTED GUNSHOT</u>						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>C.V. Plunkhhead</u>				(Degree or title) <u>CORONOR</u>		23b. ADDRESS <u>Area mo</u>			23c. DATE SIGNED <u>12-27-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-27-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CLIFTY HALL</u>			24d. LOCATION (City, town, or county) (State) <u>DOUGLAS CO., MO.</u>					
DATE REC'D BY LOCAL REG. <u>12-28-55</u>		REGISTRAR'S SIGNATURE <u>Vestal Bushman</u>			84-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott Stutz</u>				ADDRESS <u>Cabool, MO.</u>

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1956

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 *James L. Gentry*
Licensed Embalmer No. _____ 41

P. O. Address *Calool, Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.