

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17030

State File No. _____

FILED MAY 25 1956

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4308** Registrar's No. **39**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY McDONALD	a. STATE ARKANSAS	b. COUNTY Benton	b. COUNTY Benton
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Noel	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sulphur Springs	8030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fountain Clinic	d. STREET ADDRESS (If rural, give location) 8		

3. NAME OF DECEASED (Type or Print)	(First) Riley	(Middle) Anderson	(Last) Rogers	4. DATE OF DEATH (Month) (Day) (Year) May 7 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 11, 1868	9. AGE (In years last birthday) 88	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Road worker	11. BIRTHPLACE (City and State or Foreign Country) Huilton, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Dan Rogers	13b. MOTHER'S MAIDEN NAME Elba Pinson	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If you, give war or dates of service) 722-05-1262	17. INFORMANT'S SIGNATURE OR NAME Virgil Rogers, Jr., Son.	ADDRESS
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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, ashenia, 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) acute myocardial infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE TO (b) chronic myocarditis DUPLICATE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		3 yrs	

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) 4222
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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?
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22. I hereby certify that I attended the deceased from 1952, to May 4, 1956, that I last saw the deceased alive on May 4, 1956, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Fountain	23b. ADDRESS 205 Noel, Mo.	23c. DATE SIGNED May 8
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 6 1956	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) GRAVETTE, ARK
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DATE REC'D BY LOCAL REG. 5-12-56	REGISTRAR'S SIGNATURE Maynard Humphrey	25. FUNERAL DIRECTOR'S SIGNATURE CALLISON MCKINNEY	ADDRESS GRAVETTE ARK
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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 *Louis D. Day*

Licensed Embalmer No. *912*

P. O. Address _____

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.