

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 18 1956

State File No. **19723**

REG. DIST. NO. 42

PRIMARY REG. DIST. NO. 5134

Registrar's No. 620

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Washington Twp.) c. LENGTH OF STAY (In this place) 2 days		c. CITY OR TOWN St. Joseph d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Route 5, So. 11th St. Road		e. STREET ADDRESS (If rural, give location) 210 Massachusetts Ave. 0117	
3. NAME OF DECEASED (Type or Print) a. (First) RANDOLPH b. (Middle) LEE c. (Last) ROGERS		4. DATE OF DEATH (Month) (Day) (Year) June 4, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Apr. 24, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Telegraph Oper.		10b. KIND OF BUSINESS OR INDUSTRY Meat Packing	11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.
13a. FATHER'S NAME Randolph R. Rogers		13b. MOTHER'S MAIDEN NAME Cynthia Scott	14. NAME OF HUSBAND OR WIFE Ida Rogers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 487-09-0099	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Lanning, Rt. 5, St. Joseph, Mo
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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) 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"/>
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) m.	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 May 14, 1956 , to 6-4 , 1956, that I last saw the deceased alive on 6-3 , 1956, and that death occurred at 2:30a m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Clemens C. Johnson M.D.		23b. ADDRESS St. Joseph, Mo	23c. DATE SIGNED June 6, 56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 6, 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
DATE REC'D BY LOCAL REG. June 11, 1956	REGISTRAR'S SIGNATURE Ernest M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Clark Funeral Home	ADDRESS St. Joseph, Mo.

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

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.....
Licensed Embalmer No.....
P. O. Address.....

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.