

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13961**

FILED APR 26 1957

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 146

I. PLACE OF DEATH a. COUNTY <u>Marion</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> c. LENGTH OF STAY (in this place) <u>1 yr</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 A So Arch St</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Marion</u> c. CITY OR TOWN <u>Hannibal</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>307 A So Arch St. 0640</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clifford</u> b. (Middle) <u>Otis</u> c. (Last) <u>Rogers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 16 - 1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-3-1912</u>	9. AGE (In years last birthday) <u>45</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Hull, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Oliver Otis Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Rena Gudge</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Rogers</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Rogers</u>		ADDRESS <u>Hannibal, Mo</u>			
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>Suicidal Hanging</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>Very Short</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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) <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>Hannibal Marion Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 16 57 12:15 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Loop of rope in doorway</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>12:15</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Henry H. Sweets Jr. M.D. Coroner</u>			23b. ADDRESS <u>3 1506 Market St Hannibal Mo</u>		23c. DATE SIGNED <u>4/16/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-18-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Akers Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hull, Ill.</u>
DATE REC'D BY LOCAL REG. <u>4-18-57</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke by H. C. Heber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kaufman</u>	
_____		_____		ADDRESS <u>Hannibal, Mo.</u>	

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

189-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 24 1957
MARION CO. HEALTH DEPT.
DATE FILED APR 24 1957

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. 4217

P. O. Address Hannibal, Mo

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.