

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009592  
STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 247

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Licking</b> <b>1070</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		Length of stay in 1b <b>1 day</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Dorris</b> Last <b>Rodgers</b>			4. DATE OF DEATH Month <b>March</b> Day <b>8</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 6, 1889</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Electric Co.</b>	11. BIRTHPLACE (City and state or country) <b>Licking, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William Jasper Rodgers</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Amanda Davis</b>	14. NAME OF HUSBAND OR WIFE <b>Elsie Rodgers</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. War I</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Elsie Rodgers</b>	Address <b>Licking, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>36 Hours</b>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) <b>Coronary artery occlusion</b>	<b>36 Hours</b>
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4201</b>
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20c. TIME OF INJURY Hour <b>7:15</b> Month <b>3</b> Day <b>7</b> Year <b>1958</b> a.m. p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Springfield, Mo.</b>	COUNTY <b>Licking</b>	STATE <b>Missouri</b>
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21. I attended the deceased from Death occurred at <b>7:15 A.</b> on <b>3-7-58</b> to <b>3-8-58</b> and last saw <sup>her</sup> him alive on <b>3-7-58</b>
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22a. SIGNATURE (Name or title) <b>Harold H. Lane, M.D.</b>	22b. ADDRESS <b>609 Cherry Springfield, Mo.</b>	22c. DATE SIGNED <b>3-10-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar. 10, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Licking</b>	23d. LOCATION (City, town, or county) (State) <b>Licking, Missouri</b>
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24. FUNERAL DIRECTOR <b>Smith-Jerguson &amp; Home Licking, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-11-58</b>	26. REGISTRAR'S SIGNATURE <b>Effie G. Melton</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service

300  
-57  
0

Medical Certification  
All diseases in Part I must be causally related.

MAR 19 1958

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 *L. Arthur Gorman* .....

Licensed Embalmer No. *3177* .....  
P. O. Address *Springfield 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.