

Dr. Turner

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013880

STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 449

300
1-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE <i>0396</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>0</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in lb 45 YRS.	d. STREET ADDRESS (If outside, give location) 737 S. KIMBROUGH Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WILLIAM Middle C. Last ROGERS	4. DATE OF DEATH Month APRIL Day 26 Year 1958
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5. SEX MALE <i>0</i>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 14 1879	9. AGE (In years (birthday)) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CHIEF CLERK	10b. KIND OF BUSINESS OR INDUSTRY FRISCO R.R.	11. BIRTHPLACE (City and state or country) CORSICANA, TEXAS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JAMES M. ROGERS	13b. MOTHER'S MAIDEN NAME NELLIE E. McCORMICK	14. NAME OF HUSBAND OR WIFE LAURA C. ROGERS
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> No <input type="checkbox"/> unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 491903-9037	17. INFORMANT MRS. LAURA C. ROGERS Address SPRINGFIELD, MO
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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) arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 13 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	4200
	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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from Death occurred at 3 P.M. on 1-29-58 to 4-26-58 and last saw her alive on 4-26-58
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22a. SIGNATURE Elmer M Powell (Degree or title) <i>U</i>	22b. ADDRESS M.D. 609 Cherry-Springfield, Mo.	22c. DATE SIGNED 4-28-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4/29/58	23c. NAME OF CEMETERY OR CREMATORY EASTLAWN CEMETERY	23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI
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24. FUNERAL DIRECTOR H. H. LOHMEYER ADDRESS SPRINGFIELD, MO	25. DATE RECD. BY LOCAL REG. 4-29-58	26. REGISTRAR'S SIGNATURE Effie S Melton
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

1958 JUN 2

MAY 8 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 *Paul L. ...*

Licensed Embalmer No. *4734*

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.