

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017283
STATE FILE NUMBER

FILED MAY 27 1958 Registration District No. 17 Primary Registration District No. 5089 Registrar's No. 74

300
1-57

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY BATES | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt Pleasant | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Butler Mo. Rt #5 |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD #5 Butler Mo. | | Length of stay in lb 74 yrs | d. STREET ADDRESS (If outside, give location) RFD #5 Butler |

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| 3. NAME OF DECEASED (Type or print) First JOHN Middle FREDERICK Last ROGERS | | | 4. DATE OF DEATH Month May Day 6 Year 1958 | | |
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| 5. SEX Male | 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 Jan 20 1884 | 9. AGE (In years) 74 | 10. F UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 | 11. IF UNDER 24 HRS. Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY General | | 11. BIRTHPLACE (City and state or country) Bates Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
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| 13a. FATHER'S NAME John Rogers | | 13b. MOTHER'S MAIDEN NAME Phoebe O Blennis | | 14. NAME OF HUSBAND OR WIFE Ethel Rogers | |
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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) no | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Mrs Ethel Rogers-Butler Missouri | |
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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) Cerebral hemorrhage | | | INTERVAL BETWEEN ONSET AND DEATH 1 hr. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Generalized arteriosclerosis | | |
| | DUE TO (c) 331XH | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malignant lymphoma. | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) None | |
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| 20c. TIME OF INJURY Hour None Month, Day, Year None | | 20d. INJURY OCCURRED WHILE AT WORK <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 1956 to 1958 and last saw him alive on 5/6/58 . Death occurred at 2:45 PM on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
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| 22a. SIGNATURE (Denotes title) Ronald D. Culver | | | 22b. ADDRESS BUTLER MISSOURI | | 22c. DATE SIGNED 5/8/58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 5/10/58 | 23c. NAME OF CEMETERY OR CREMATORY FARVIEW CEMETERY | | 23d. LOCATION (City, town, or county) BUTLER MO. RFD | |
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| 24. FUNERAL DIRECTOR CULVER UNDERWOOD BUTLER MO. | | 25. DATE RECD. BY LOCAL REG. May 9-1958 | | 26. REGISTRAR'S SIGNATURE Rendall Krum | |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *John G. Underwood* Licensed Embalmer No. 3585

P. O. Address BUTLER, MISSOURI

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.