

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035461  
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 466

|                                                                                                |  |                                                                                                                            |  |
|------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY Boone                                                           |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Boone |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia                     |  | c. CITY OR TOWN Columbia                                                                                                   |  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone Co. Hospital |  | d. STREET ADDRESS 301 N. Garth                                                                                             |  |

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|----------------------------------------------------------------------------|----------------------------------------------------|
| 3. NAME OF DECEASED (Type or print)<br>First KING Middle DAVID Last ROGERS | 4. DATE OF DEATH<br>Month October Day 19 Year 1958 |
|----------------------------------------------------------------------------|----------------------------------------------------|

|             |                          |                                                                                                                                                          |                                  |                                    |                                        |
|-------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|----------------------------------------|
| 5. SEX Male | 6. COLOR OR RACE Colored | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH August 31, 1876 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months Days Hours Min. |
|-------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|----------------------------------------|

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|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Street Depart. | 10b. KIND OF BUSINESS OR INDUSTRY City Street Dept. | 11. BIRTHPLACE (City and state or country) Boone County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------|-------------------------------------|

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|-------------------------------------|----------------------------------------|
| 13. FATHER'S NAME Henry Clay Rogers | 14. MOTHER'S MAIDEN NAME Mollie Turner |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 491-36-5985 | 17. INFORMANT Mrs. Winnie Coats, Columbia, Mo. |
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|                                                                                                                                                                     |  |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Thrombosis Rt. Mid Cerebral Artery |  | INTERVAL BETWEEN ONSET AND DEATH 8 Days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) Congenital Fenestration - Lat. Ventricle's                 |  |                                         |
| DUE TO (c) 332 X                                                                                                                                                    |  |                                         |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)                                    |  |                                         |

|                                                                                                           |                                                                                              |
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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.) |
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|                                                       |                                                                                                |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------|

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|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------|
| 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 |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------|

21. I attended the deceased from Oct. 11, 1958 to Oct. 19, 1958 and last saw her alive on Oct. 19, 1958  
Death occurred at 1:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

|                                                          |                                              |                           |
|----------------------------------------------------------|----------------------------------------------|---------------------------|
| 22a. SIGNATURE (Degree or title) Roland L. Wiggins, M.D. | 22b. ADDRESS 201 North 3rd St. Columbia, Mo. | 22c. DATE SIGNED 10/22/58 |
|----------------------------------------------------------|----------------------------------------------|---------------------------|

|                                                  |                         |                                                      |                                                                      |
|--------------------------------------------------|-------------------------|------------------------------------------------------|----------------------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct. 22, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery | 23d. LOCATION (City, town, or county) Boone County, Missouri (State) |
|--------------------------------------------------|-------------------------|------------------------------------------------------|----------------------------------------------------------------------|

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|----------------------------------------------------------------|------------------------------------------------|------------------------------------------|
| 24. FUNERAL DIRECTOR Brown-Freeman Funeral Home, Columbia, Mo. | 25. DATE RECD. BY LOCAL REG. No. Oct. 22, 1958 | 26. REGISTRAR'S SIGNATURE Max R E Palmer |
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service  
300 1-56  
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. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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. 487  
P. O. Address Columbia

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.