

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036817
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 507

300
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY CHEROKEE	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN JOPLIN		c. CITY OR TOWN GALENA ¹¹⁵⁰ ₃	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		d. STREET ADDRESS (If outside, give location) 1821 Galena Av.	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES WILLIAM ROGERS			4. DATE OF DEATH Month Day Year Oct. 24 - 1958
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 Feb. 27, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY MINING Pb & Zn	9. AGE (In years last birthday) 62
11. BIRTHPLACE (City and state or country) GRANBY Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME FRANK ROGERS		13b. MOTHER'S MAIDEN NAME NORA MOFFETT	
14. NAME OF HUSBAND OR WIFE EDITH ROGERS		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. 513-10-9440		17. INFORMANT Edith ROGERS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor pulmonale		INTERVAL BETWEEN ONSET AND DEATH 2-3 wks.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary fibrosis		16 yrs	
DUE TO (c) I.B.C.		1 yr	
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.)	
20c. TIME OF INJURY Hour Month, Day, Year 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 GALENA KANSAS	
21. I attended the deceased from 7-12-57 to 10-24-58 and last saw ^{her} _{him} alive on 10-24-58 Death occurred at 5:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. S. Davis M.D.		22b. ADDRESS Galena, Kans	
22c. DATE SIGNED 24 Oct 58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 10-26-58		23c. NAME OF CEMETERY OR CREMATORY LOWELL CEM.	
23d. LOCATION (City, town, or county) (State) LOWELL KANSAS		24. FUNERAL DIRECTOR ADDRESS Roy L. Derfelt Galena, Kan.	
25. DATE RECD. BY LOCAL REG. 10-25-1958		26. REGISTRAR'S SIGNATURE Dove Merriam	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Roy L. Derfelt*

Licensed Embalmer No. *4945*

P. O. Address *Galena, Kansas*

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.