

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017248

STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. 109 Primary Registration District No. 5424 Registrar's No. 21

300
7-57

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural, Union Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Campbell
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 0	d. STREET ADDRESS 035 0 RFD
3. NAME OF DECEASED (Type or print) Herbert Rogers		4. DATE OF DEATH Month Day Year 5-15-1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-5-1916
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months Days 5 10	IF UNDER 24 HRS. Hours Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Rector, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Elmer Rogers	
13b. MOTHER'S MAIDEN NAME Ada Ward		14. NAME OF HUSBAND OR WIFE Charline 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. 431-09-3600	17. INFORMANT Address Mrs Laverne Ladyman, Sister
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Decerebration			INTERVAL BETWEEN ONSET AND DEATH instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Self Inflicted gun shot wound			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 976x			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kennett, Mo.	COUNTY STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Quinton Tarver</i> Quinton Tarver M.D. Coroner		22b. ADDRESS Kennett, Mo.	22c. DATE SIGNED 5-21-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-17-1959	23c. NAME OF CEMETERY OR CREMATORY Rock Springs Cem.	23d. LOCATION (City, town, or county) (State) Rector, Ark. Rt # 2
24. FUNERAL DIRECTOR Mitchell Funeral Home, Rector, Ark.		25. DATE RECD. BY LOCAL REG. 5-22-59	26. REGISTRAR'S SIGNATURE <i>Mrs. Beulah Campbell</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

COUNTY FILE NUMBER 331-160

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 *Randolph L. Mitchell*

Licensed Embalmer No. *373*

P. O. Address *Prague, 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.