

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024854

FILED VS JUL 20 1959

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. --- Registrar's No. 731-C

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY Tulsa	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pond Creek Twp.		Length of stay in 1b Accident	c. CITY OR TOWN Tulsa
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 mi. E. Hy. PP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS 5742 E. 22nd. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Edward F. Rogers			First		Middle		Last	
4. DATE OF DEATH July, 2, 1959		Month		Day		Year		
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 6-8-29	9. AGE (last birthday) 30	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY Law		11. BIRTHPLACE (City and state or country) Okla.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME R. Rogers			13b. MOTHER'S MAIDEN NAME Agnes McLeod			14. NAME OF HUSBAND OR WIFE Mrs Lee Rogers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean			16. SOCIAL SECURITY NO. 440 24 5930		17. INFORMANT Address Mrs Lee Rogers Tulsa Okla.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CRUSHED SKULL AND CHEST		INTERVAL BETWEEN ONSET AND DEATH INSTANT
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) HE WAS ONE OF FIVE PERSONS IN A TWO MOTOR BEECHCRAFT AIRPLANE WHICH CRASHED IN WOODED AREA WEST OF REPUBLIC MISSOURI				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year July 2 1959	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) PLANE CRASH IN WOODS
20f. CITY, TOWN, OR LOCATION WEST OF REPUBLIC GREENE MISSOURI		COUNTY		STATE		

21. I attended the deceased from _____ to _____ and last saw her him alive on _____.
Death occurred at **APPROX 3:22 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE Ralph H. Thieme (Type or print)		22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 16 July 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-3-1959	23c. NAME OF CEMETERY OR CREMATORY Rose Hill	23d. LOCATION (City, town, or county) (State) Tulsa, Oklahoma	
24. FUNERAL DIRECTOR Cantrell F.H. Republic, Mo.		25. DATE RECD. BY LOCAL REG. 7-17-59	26. REGISTRAR'S SIGNATURE Effie G. Melton	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 20 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William D. Conroy

Licensed Embalmer No. 4876

P. O. Address Republic

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.