

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 25 1960

60-013840

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 73

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Scott</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> c. CITY OR TOWN <u>Parma</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS <u>R 1</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> (Type or print) First <u>BRENDA</u> Middle <u>SUE</u> Last <u>ROGERS</u>	<b>4. DATE OF DEATH</b> Month <u>3</u> Day <u>7</u> Year <u>1960</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>10-21-57</u>	<b>9. AGE (last birthday)</b> IF UNDER 1 YEAR: Months <u>4</u> Days _____ IF UNDER 24 HR: Hours _____ Min. _____	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) _____	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (City and state or country) <u>Malden Mo</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> _____
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<b>13a. FATHER'S NAME</b> <u>Bill Rodgers</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elise Lesters</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>0</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT</b> Address <u>Elise Rodgers Malden Mo</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute gastroenteritis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>pneumonitis</u>	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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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____
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<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>20f. CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____
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21. I attended the deceased from 3-6-60 to 3-7-60 and last saw her <sup>her</sup> alive on 3-7-60  
 Death occurred at 7:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>E. D. Urban M.D.</u>	<b>22b. ADDRESS</b> <u>Sikeston, Mo.</u>	<b>22c. DATE SIGNED</b> <u>3-8-60</u>
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<b>23a. BURIAL, CREMATION, OR REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>3-8-60</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Berona Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Berona, Mo.</u>
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<b>24. FUNERAL DIRECTOR</b> <u>Aluffi-Raney</u> ADDRESS <u>Berona, Mo.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>3-17-60</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Miss Ella Hunter</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Raymond L. Bluffin*

Licensed Embalmer No. *4798*

P. O. Address *Bernie, W*

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.