

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013850

FILED VS APR 11 1968 33

Registration District No. 33 Primary Registration District No. 6147 Registrar's No. 88

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY SCOTT		b. CITY (If outside corporate limits, give TOWNSHIP only) CHARLESTON, MISSOURI		a. STATE MISSOURI		b. COUNTY SCOTT			
b. CITY (If outside corporate limits, give TOWNSHIP only) CHARLESTON, MISSOURI		Length of stay in 1b		c. CITY OR TOWN CHARLESTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION RESIDENCE R. F. D. #2			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ROUTE # 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last JIM ROGERS				4. DATE OF DEATH Month Day Year MARCH 25 1960					
5. SEX MALE		6. COLOR OR RACE COLORED		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/31/1894			
9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) TEXAS		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME HENRY ROGERS			13b. MOTHER'S MAIDEN NAME DON'T KNOW			14. NAME OF HUSBAND OR WIFE MAY 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. UNKNOWN		17. INFORMANT MAY ROGERS				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Acute Coronary Occlusion							4 Dys.		
DUE TO (b) Hypertensive Arteriosclerotic Ht. Dis							Unkn.		
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None							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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m.		Month, Day, Year							
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 21 Mar 60 to 25 Mar 60 and last saw her/him alive on 25 Mar 60 Death occurred at 2; A.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>John L. Sample M.D.</i> (Degree or title)				22b. ADDRESS Charleston, Mo				22c. DATE SIGNED 3/28/60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
BURIAL		MAR 27 1960		McMILLIAN CEMETERY		McMILLIAN, MISSOURI			
24. FUNERAL DIRECTOR <i>Earl Smith</i>			ADDRESS ORAN, MO.		25. DATE RECD. BY LOCAL REG. 4-1-60		26. REGISTRAR'S SIGNATURE <i>Mrs. Ella Hunter</i>		

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

Carl J. Smith

Licensed Embalmer No. 3676

P. O. Address Crow, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.