

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035170

ED VS. SEP 27 1960 Registration Number 146 Primary Registration District No. 3026 Registrar's No. 453 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	
Length of stay in lb 9 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1811 Maywood		d. STREET ADDRESS (If outside, give location) 1811 Maywood	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MELVIN Middle W. Last ROGERS			4. DATE OF DEATH Month Sept. Day 17 Year 1960			
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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 9/8/79	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker	10b. KIND OF BUSINESS OR INDUSTRY Woodworking	11. BIRTHPLACE (City and state or country) Michigan	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Rogers	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ella Rogers
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NBS Spanish-Am. war.	16. SOCIAL SECURITY NO. 551-01-6603	17. INFORMANT Mrs. Ella Rogers	Address 1811 Maywood, Indep., Mo.
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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) Coronary thrombosis			2 hours
DUE TO (b) arteriosclerosis			2 1/2 years
DUE TO (c) senility and other diseases			5 years
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

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.)
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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 checked="" 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 _____
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21. I attended the deceased from Jan 19 58 to Sept 17 1960 and last saw him alive on Sept 16, 1960
Death occurred at 1:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R H Boylston (Degree or title)	22b. ADDRESS 9529 Junnara Drive Mo	22c. DATE SIGNED 9/19/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/19/60	23c. NAME OF CEMETERY OR CREMATORY Salem cemetery	23d. LOCATION (City, town, or county) (State) Jackson county, Missouri
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24. FUNERAL DIRECTOR Geo. C. Carson & Sons ADDRESS Indep., Mo.	25. DATE RECD. BY LOCAL REG. 9-19-60	26. REGISTRAR'S SIGNATURE James [Signature]
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Dr. Boyd

SEP 28 1960
OCT 20 1960

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 Leroy J. Tyler

Licensed Embalmer No. 4941

P. O. Address Indipend

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