

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042245

FILED VS DEC 12 1960

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 50 yrs.		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2431 Poplar		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Roy J. Rodgers				4. DATE OF DEATH Month Day Year Nov. 4, 1960			
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 1-22-1905	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) decorator painting		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Huntsville, Mo. U. S.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME John Lossen Rodgers			13b. MOTHER'S MAIDEN NAME Anna M. Drew		14. NAME OF HUSBAND OR WIFE Marjorie S. Rodgers		
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. 487-01-2800.		17. INFORMANT. Address Marjorie S. Rodgers 2431 Poplar			
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) occlusion of bronchi aspiration of blood						5 min.	
DUE TO (b) left pharyngeal hemorrhage						5 min.	
DUE TO (c) squamous cell carcinoma left side pharynx						6 mo.	
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 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 9-28-60 to 11-4-60 and last saw her alive on 11-3-60 Death occurred at 9:20A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) James Q. Chambers M.D.				22b. ADDRESS 4620 Nichols Parkway			22c. DATE SIGNED 11-7-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11-7-60	23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town or county) Kansas City, Mo.		(State)	
24. FUNERAL DIRECTOR ADDRESS Mellody-Mc Gilley-Bylar K. C. Mo.			25. DATE RECD. BY LOCAL REG. 11-7-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer		

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 me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Robert J. Landes*

Licensed Embalmer No. *5103*

P. O. Address *D. C. 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.

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).

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