

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-007630

STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 219

FILED APR 10 1961

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>6 Months</u>		c. CITY OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>918 College Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <u>RUHL</u> Middle <u>CEPHAS</u> Last <u>ROGERS</u>				4. DATE OF DEATH Month <u>March</u> Day <u>31</u> Year <u>1961</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-4-1895</u>		9. AGE (last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt. of Schools</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Education</u>		11. BIRTHPLACE (City and state or country) <u>Lynn, West Virginia</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>							
13a. FATHER'S NAME <u>George Rogers</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret Miller</u>				14. NAME OF HUSBAND OR WIFE <u>Edna Basket Rogers</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give world or dates of service) <u>World War I</u>				17. INFORMANT <u>Mrs. Ruhl C. Rogers, Columbia, Mo.</u>				Address							
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) <u>Myocardial rupture</u>										<u>Substantiated</u>					
DUE TO (b) <u>Myocardial infarction</u>										<u>6 wks.</u>					
DUE TO (c) <u>Arteriosclerotic heart disease</u>										<u>Unknown</u>					
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.)							
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>				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 <u>24 Mar 61</u> to <u>31 Mar 61</u> and last saw him alive on <u>31 Mar 61</u> Death occurred at <u>5:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>R.P. Fadenrow MD</u> (Degree or title)						22b. ADDRESS <u>16 S. 10th Columbia Mo</u>			22c. DATE SIGNED <u>Apr 61</u>						
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>4-2-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>-</u>				23d. LOCATION (City, town, or county) (State) <u>Jane Lew, West Virginia</u>							
24. FUNERAL DIRECTOR <u>Parker Funeral Service, Columbia, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>April 1 1961</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>							

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

AUG 9 1962

APR 1 1961

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 George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Columbia, Md

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.