

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031651

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 2076 Registrar's No. 152

AMENDED

FILED AUG 28 1961

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Length of stay in 1b 2 Months	c. CITY OR TOWN Lamar Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #812 N. Washington Tate Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 405 W. 6th. St. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Charles Middle W. Last Rogers			4. DATE OF DEATH Month August Day 7 Year 1961			
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 8/9/1912	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lt. Col. Retired		10b. KIND OF BUSINESS OR INDUSTRY U.S. Signal Corps		11. BIRTHPLACE (City and state or country) Brooklyn, N. Y.		
12. CITIZEN OF WHAT COUNTRY U. S.		13a. FATHER'S NAME M. C. Rogers		13b. MOTHER'S MAIDEN NAME Clara Bassett		
14. NAME OF HUSBAND OR WIFE Emmabelle Rogers		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service.) Yes W.W.II, Korea				
17. INFORMANT Mrs. C. W. Rogers, Lamar, Mo.				Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Amyotrophic Lateral Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) DUE TO (c)	
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 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 July 31, 1961 to Aug 7, 1961 and last saw ^{her} him alive on Aug 3, 1961 Death occurred at 3:05 Pm 8/7/61 on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>Stan W. Pearce</i> (Degree or title)	22b. ADDRESS Nevada Mo	22c. DATE SIGNED 8/16/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/10/61	23c. NAME OF CEMETERY OR CREMATORY Lake Cemetery
23d. LOCATION (City, town, or county) Lamar, Missouri		(State)

24. FUNERAL DIRECTOR Chiles Funeral Home, Lamar, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 8-23-1961	26. REGISTRAR'S SIGNATURE <i>Anna E. Jerry</i>
--	---------	--	---

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1961 AUG 28 SA

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

Lawrence H. Chile

Licensed Embalmer No.

3473

P. O. Address

Lamar 7160

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.