MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-022674
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 959

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0397
2 0390
3 2
4 0
5 1
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9 163X
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BURGE HOSPITAL — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE — b. COUNTY: GREENE
c. CITY OR TOWN: SPRINGFIELD — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): Rt #6 Box 914 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First RHOMA Middle B. Last ROGERS
4. DATE OF DEATH: Month JUNE Day 18 Year 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 2-12-1907
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): AUTO PARTS DEALER
10b. KIND OF BUSINESS OR INDUSTRY: AUTO PARTS
11. BIRTHPLACE (City and state or country): MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: CHARLES W. ROGERS
13b. MOTHER'S MAIDEN NAME: EDNA JONES
14. NAME OF HUSBAND OR WIFE: BETTY ROGERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: BETTY ROGERS (Wife) Address RFD#6 Box 914 SPRINGFIELD, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma right Lung with Metastases — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 Jan 1961, to June 18, 1962 and last saw her/him alive on June 18, 1962
Death occurred at 12:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert D. Duncan (Degree or title) MD
22b. ADDRESS SPRINGFIELD, Mo.
22c. DATE SIGNED 6/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6/21/62
23c. NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR: KLINGNER MORTUARY, INC. ADDRESS SPRINGFIELD Mo.
25. DATE RECD. BY LOCAL REG.: 6-25-62
26. REGISTRAR'S SIGNATURE: Effie E. Meeter

jhc

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1963

permit issued 6-19-63

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. 6052 working under my personal supervision.

Student [signature]
Signature of Student Embalmer

Signed John Klingner Jr

Licensed Embalmer No. 5102

P. O. Address Springfield

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.