

FILED MAY 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. **15471**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>122</u>	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Knox			
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Hurdland 0520		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Joseph		c. (Last) Rogerson		4. DATE OF DEATH (Month) (Day) (Year) May 6 1951	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 12 1889	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (State or foreign country) Knox County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Noah J. Rogerson		13b. MOTHER'S MAIDEN NAME Mary Ann Wilson		14. NAME OF HUSBAND OR WIFE Violet Smith Rogerson			
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. 151-1-1017		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Victoria Hermes Edina Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lobar pneumonia right lung and duodenal ulcer				INTERVAL BETWEEN ONSET AND DEATH 7 days	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 332x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 1, 1951 , to May 6, 1951 , that I last saw the deceased alive on May 6, 1951 and that death occurred at 4:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Bob Laughlin D.O.				23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 5-9-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/8 1951		24c. NAME OF CEMETERY OR CREMATORY New Catholic		24d. LOCATION (City, town, or county) (State) Edina Missouri	
DATE REC'D BY LOCAL REG. 5-9-51		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scott Hurdland Hurdland Mo			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Indicate with initials

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Date Received: MAY 14 1957
DISTRICT HEALTH OFFICE #2
District File Number 5-51-913
Date Filed: MAY 15 1957

101.5

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *[Handwritten Signature]*

Signed.....
Student Embalmer

Licensed Embalmer No. *3753*

P. O. Address *Hurdland M*

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 this body is not embalmed, fact should be so stated above.