

FILED JUL 27 1951

STANDARD CERTIFICATE OF DEATH

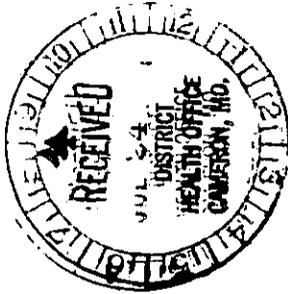
22363

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Carroll</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>		c. LENGTH OF STAY (in this place)		a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>606 N. Main</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton 0171</u>		d. STREET ADDRESS (If rural, give location) <u>606 N. Main</u>			
3. NAME OF DECEASED		a. (First) <u>JAMES</u>		b. (Middle) <u>AUSTIN</u>		c. (Last) <u>ROGERS JR.</u>	
(Type or Print)		4. DATE OF DEATH		(Month) (Day) (Year)		<u>July 16 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Sp. (s)) <u>Never Married</u>		8. DATE OF BIRTH <u>Oct 11 1895</u>	
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Chicago Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James A. Rogers Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Bird</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and date of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James A. Rogers Sr.</u> ADDRESS <u>Carrollton Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only the cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				<u>2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				years	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Malignant hypertension</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
						<u>332X</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>April</u> , 19 <u>50</u> , to <u>July 16</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>July 16</u> , 19 <u>51</u> , and that death occurred at <u>6 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John A. Pletz M.D.</u> (Degree or title)				23b. ADDRESS <u>Carrollton, Missouri</u>		23c. DATE SIGNED <u>7/17/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 18 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/18/51</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Colbert Standley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gibson</u>		ADDRESS <u>Carrollton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



VS MAR 25 1960

TEST 7 300

APR 28 1960

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 _____
Student Embalmer

Signed Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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 this body is not embalmed, fact should be so stated above.