

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

393

State File No. 30031
Registrar's No. 22

FILED JAN 31 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

0124

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) 821 Alice St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Pearl	b. (Middle) V.	c. (Last) Rodgers	4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1952
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5. SEX 2 Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 5, 1878	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 1	IF UNDER 4 HRS. Days 14	IF UNDER 15 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator	10b. KIND OF BUSINESS OR INDUSTRY Chicago, Ill.	11. BIRTHPLACE (State or foreign country) Winona, Miss. /	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Sterling Rodgers	13b. MOTHER'S MAIDEN NAME Bettie Willis	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dock Rodgers Poplar Bluff, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>apoplexy</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>myocarditis</i> 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 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wm. H. Johnson</i> (Degree or title)	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 1/22-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 24, 1952	24c. NAME OF CEMETERY OR CREMATORY City Cem.	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
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DATE REC'D BY LOCAL REG. Jan 23 1952	REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i> 428	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.
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RECEIVED

JAN 28 1952
BUTLER CO. HEALTH CENTER

FILE No. 152-49

DEC 5 1952

REC 15 1952

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, by

working under my personal supervision.

Student Embalmer No.

Signed

Howard A. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 3996

P. O. Address 412 Vine St, Poplar Bl

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. •