S. No. 300
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FILED JAN 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2780

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonne Terre Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural 110-
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)
a. (First) CALVIN
b. (Middle)
c. (Last) ROGERS

4. DATE OF DEATH (Month) (Day) (Year) Jan 1 - 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 14-1853
9. AGE (In years last birthday) 99 — IF UNDER 1 YEAR Months 6 Days 14 — IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner
10b. KIND OF BUSINESS OR INDUSTRY Lead
11. BIRTHPLACE (City and State or Foreign Country) Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Sam Middleton, ADDRESS Flat River Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coroner Jury Verdict: as a result of being hit by an automobile driven by Thomas Caraline

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Internal injuries, shock.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

E812 25

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION Patient Expired Shortly after Midnight on [illegible] 1-53.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #21
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 110 Near Potosie Washington Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 31, 1952 -m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? automobile accident.

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* ~~12-31-52~~ *19__, and that death occurred at* 1-1-53, *from the causes and on the date stated above* 1-1-53

23a. SIGNATURE Berl J. Miller (Degree or title) 3 Coroner
23b. ADDRESS Farmington, Mo
23c. DATE SIGNED 1/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-4-53
24c. NAME OF CEMETERY OR CREMATORY Gormeany Cemetery
24d. LOCATION (City, town, or county) (State) Near Bonneterre Mo.

DATE REC'D BY LOCAL REG. Jan 4, 1953
REGISTRAR'S SIGNATURE Esther Rudloff 289-C
25. FUNERAL DIRECTOR'S SIGNATURE Sparks F. Home ADDRESS Flat River Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Murphy L Sparks

Licensed Embalmer No. 4356

P. O. Address Flat River, 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.