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RN-9735

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21311**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **425**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield	
		d. STREET ADDRESS (If rural, give location) Route # 2	

3. NAME OF DECEASED (Type or Print) MELVIN L. ROGERS			4. DATE OF DEATH (Month) (Day) (Year) July 18, 1955		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-14-32		9. AGE (In years last birthday) 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder		10b. KIND OF BUSINESS OR INDUSTRY Welding	11. BIRTHPLACE (State or foreign country) Arkansas		12. COUNTRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Clarence Rogers	13b. MOTHER'S MAIDEN NAME Addie Gibson	14. NAME OF HUSBAND OR WIFE Joyce I. Rogers
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. PL-28 380-32-5134	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> No <input checked="" 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) VA	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 **July 12, 1955**, to **July 18, 1955**, and that death occurred at **3:40 pm.**, from the causes and on the date stated above.

23a. SIGNATURE E. D. BASKETT, M.D., Chief Med. Sv.	(Degree or title)	23b. ADDRESS VA Hospital Poplar Bluff, Mo.	23c. DATE SIGNED 7-19-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 20-55	24c. NAME OF CEMETERY OR CREMATORY Walker cemetery	24d. LOCATION (City, town, or county) (State) Stoddard co. Mo.
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DATE REC'D BY LOCAL REG 7/20/55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE CHILES UND. CO.	ADDRESS Bloomfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
AUG 2 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

SEP 15 1955

SEP 15 1955

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 & By

Lulu Cooper # 3499

~~XXXXXXX~~ No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lulu Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.