

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22999**
Registrar's No. **213**

FILED AUG 13 1956

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 213			
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton, Mo.		c. LENGTH OF STAY (In this place) 1 yr 3da		c. CITY OR TOWN Fulton.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #1, Fulton, Mo.				e. STREET ADDRESS (If rural, give location) 014th					
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) H. c. (Last) ROGERS			4. DATE OF DEATH (Month) (Day) (Year) Aug. 8, 1956						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH February 7, 1868			
9. AGE (In years last birthday) 88		# UNDER 1 YEAR Months 6		# UNDER 1 YEAR Days 1		# UNDER 12 HRS. Hours 1 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher, retired			10b. KIND OF BUSINESS OR INDUSTRY Farmed		11. BIRTHPLACE (City and State or Foreign Country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME George Washington Rogers			13b. MOTHER'S MAIDEN NAME Sara Jane Wiley			14. NAME OF HUSBAND OR WIFE none			
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. D.K.		17. INFORMANT'S SIGNATURE OR NAME Records of State Hospital #1, Fulton, Mo.			ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus, ANTECEDENT CAUSES DUE TO (b) Cardio Renal Disease, DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured R. Femur.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION: none		19b. MAJOR FINDINGS OF OPERATION 45					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Fell and broke hip 8-6-56.		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) 8-6-56.			21c. (CITY, TOWN, OR TOWNSHIP) 137 (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 6, 1956 7 a.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Patient fell					
22. I hereby certify that I attended the deceased from 8-30-55 , 19____, to Aug. 7, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:50 a. m. , from the causes and on the date stated above.									
23a. SIGNATURE Trans J. Nichols (Degree or title) M.D.				23b. ADDRESS State Hospital #1, Fulton, Mo.		23c. DATE SIGNED 8-8-56.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 9, 1956		24c. NAME OF CEMETERY OR CREMATORY Hillcrest		24d. LOCATION (City, town, or county) (State) Fulton Mo.			
DATE REC'D BY LOCAL REG. Aug. 11-1956		REGISTRAR'S SIGNATURE Maretha Lawrence			25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home Fulton Mo			ADDRESS	

(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.....
Signature of Student Embalmer

Signed *Nancy A. Stewart*

Licensed Embalmer No. *372*

P. O. Address *Fulton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.