

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44634

STATE FILE NUMBER

FILED JAN 24 1957

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Poplar Bluff</u> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR <u>Poplar Bluff</u> TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Poplar Bluff Hosp.</u> INSTITUTION			Length of stay in lb <u>p. 1wk.</u>	d. STREET ADDRESS <u>721 N.D. St.</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>James Rogers</u>				First <u>James</u> Middle <u>Rogers</u> Last <u>Rogers</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>20</u> Year <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 2 1890</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Dyersburg, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Walter Rogers</u>				14. MOTHER'S MAIDEN NAME <u>ANN Mc Dermott</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Martha Rogers Poplar Bluff, Mo.</u> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sarcocystis lung with multiple metastases</u> DUE TO (b) <u>Multiple Metastases</u> DUE TO (c) <u>4 Mo</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)						INTERVAL BETWEEN ONSET AND DEATH <u>4 Mo</u>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>163X</u>	
20c. TIME OF INJURY Hour <u>163X</u> Month <u>163X</u> Day <u>163X</u> Year <u>163X</u> a. m. <u>163X</u> p. m. <u>163X</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u>Butler</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>Sept 54</u> and last saw <u>him</u> alive on <u>20 Dec 56</u> Death occurred at <u>721 N.D. St</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
24. FUNERAL DIRECTOR <u>J. C. White Fisk, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>1/21/57</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 23, 1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Shain Memorial</u>		23d. LOCATION (City, town, or county) (State) <u>Butler County Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

with, alfare, blic, vice

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Director, coroner, etc. must use only standard names.

447

RECEIVED
1/22/57
MICHIGAN HEALTH CENTER

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 *Raymond L. Duffie*.....
Licensed Embalmer No. 47

P. O. Address *Berrien*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.