

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9767**

FILED APR 15 1957

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **101**

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY OR TOWN ST. CHARLES		c. CITY OR TOWN ELS BERRY 0578	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 HRS.		e. STREET ADDRESS (If rural, give location) 202 N. THIRD	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ALVIS c. (Last) RODGERS			4. DATE OF DEATH (Month) (Day) (Year) APRIL 3, 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 30, 1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Days IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and State or Foreign Country) Columbia, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WILLIAM M. RODGERS		13b. MOTHER'S MAIDEN NAME MILLIE ANN BRYANT		14. NAME OF HUSBAND OR WIFE MYRTLE STOUT RODGERS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-28-4480		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WIFE - Elsberry, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction Coronary atherosclerosis ANTECEDENT CAUSES A forbidding conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		INTERVAL BETWEEN ONSET AND DEATH 1 week	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **Feb 19 1957**, to **April 3, 1957**, that I last saw the deceased alive on **April 3, 1957**, and that death occurred at **11:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Gregory J. Canty (Degree or title) M.D.		23b. ADDRESS St. Charles Mo		23c. DATE SIGNED April 5 - 1957	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6 APRIL 1957		24c. NAME OF CEMETERY OR CREMATORY BAPTIST		24d. LOCATION (City, town, or county) (State) WINFIELD, Mo.	
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DATE REC'D BY LOCAL REG. APR. 5 1957		REGISTRAR'S SIGNATURE Dorella Wilson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chalant's - Elsberry, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
[Handwritten Signature]

Licensed Embalmer No. 4012

P. O. Address Elsberrym

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.