

FILED JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20250

STATE FILE NUMBER

 Registration District No. 43 Primary Registration District No. 5135 Registrar's No. 412

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Brosley</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Brosley</b> 0120 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <b>10 years.</b>	d. STREET ADDRESS (If outside, give location) <b>Moroceo Community</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>Charlie</b> First <b>Rodgers</b> Middle <b>Rodgers</b> Last			4. DATE OF DEATH <b>June 6-1957</b> Month <b>June</b> Day <b>6</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 24 1883</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Tupelo, Miss.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Si Rodgers</b>			14. MOTHER'S MAIDEN NAME <b>Eliza beth (unknown)</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yrs. give war or dates of service))		16. SOCIAL SECURITY NO. <b>431-42-5306</b>	17. INFORMANT <b>Della Rodgers, Brosley, Mo.</b> 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) <b>Septic Pneumonia</b> <b>Influenza</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>10 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>480X</b>

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.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	

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 <b>Butler</b> COUNTY STATE
21. I attended the deceased from <b>6-16-57</b> to <b>6-16-57</b> and last saw her alive on <b>6-16-57</b> Death occurred at <b>10 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>W. H. Burton</b> (Degree or title)	22b. ADDRESS <b>Poplar Bluff, Mo</b>	22c. DATE SIGNED <b>6-22-57</b>

23a. BURIAL, CREMATION, or other (Specify) <b>Burial</b>	23b. DATE <b>June 23, 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Moroceo o Cemetary</b>	23d. LOCATION (Specify county) <b>Butler</b> (State) <b>Mo.</b>
24. FUNERAL DIRECTOR <b>Peoples Funeral Home Poplar Bluff</b> ADDRESS <b>Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6/26/57</b>	26. REGISTRAR'S SIGNATURE <b>W. H. Munter</b>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

 300  
1-56

JUL 5 1957

RECEIVED  
JUL 28 1957

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 *Irrel J. Smith*

Licensed Embalmer No. *44*  
P. O. Address *Sixton*

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.