Dept. Health, Soc., & Welfare
U. S. Public Health Service

V. S. 300 0
Rev. 1-57

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39336
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1351

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital — Length of stay in 1b 5 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clinton
c. CITY OR TOWN Lathrop Twnsp. 025 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) East of Lathrop, Mo. — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Herbert Middle Preston Last Rogers
4. DATE OF DEATH Month December Day 5 Year 1957.
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH May 22, 1900.
9. AGE (In years last birthday) 57 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Lathrop, Missouri.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ed Rogers
13b. MOTHER'S MAIDEN NAME Eva May Greason
14. NAME OF HUSBAND OR WIFE Roxana Rogers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Roxana Rogers Address Rural-Lathrop, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) generalized Metastatic Carcinoma — 6 Mo
DUE TO (c) Primary site of Carcinoma unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 195X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/15/57, to 12/5/57 and last saw ~~her~~ him alive on 12/5/57
Death occurred at 10:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.
22b. ADDRESS 420 N. 8th St. Joseph, Mo.
22c. DATE SIGNED 12/9/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Dec. 26, 1957.
23c. NAME OF CEMETERY OR CREMATORY Lathrop Cemetery
23d. LOCATION (City, town, or county) Lathrop, Missouri. (State)

24. FUNERAL DIRECTOR Meierhoffer-Fleeman, Inc., ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. Dec. 12, 1957
26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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MAR 13 1958
DEC 17 1957
JAN 9 1958

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 Albert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Misso

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.