Dr. Murphy

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 41150

FILED NOV 22 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 443

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.

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Elizabeth — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 214 S. 6th St., — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Raymond Middle: C. Last: Rogers, Sr.,

4. DATE OF DEATH Month Day Year: 11-9-1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 4/24/1899

9. AGE (In years last birthday): 58 — 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): Shoeworker(Retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Stourbridge,England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John W. Rogers

13b. MOTHER'S MAIDEN NAME: Hesther Rogers

14. NAME OF HUSBAND OR WIFE: Gertrude Rogers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mrs.Gertrude Rogers, 214S.6th St., Hannibal, 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) CORONARY THROMBOSIS pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) PNEUMONIA lobaris — 1 days
DUE TO (c) Chr. myocarditis — 3 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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 Aug. 1954, to Nov. 9,1957 and last saw her/him alive on 11/9/57
Death occurred at 11:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. L. Murphy M.D.

22b. ADDRESS: 100 N. 6th, Hannibal,Mo.

22c. DATE SIGNED: 11/12/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/12/57

23c. NAME OF CEMETERY OR CREMATORY: St.Mary's Cemetery

23d. LOCATION (City, town, or county) (State): Hannibal, Missouri

24. FUNERAL DIRECTOR: H. M. O'Donnell, Hannibal, Mo.

25. DATE RECD. BY LOCAL REG.: 11-15-57

26. REGISTRAR'S SIGNATURE: By Dr. Em. Lucke W. C. Fisher

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 1 9 1957
MARION CO. HEALTH DEPT.
DATE FILED NOV 1 9 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 H. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo.

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.