

Health,
Welfare
Public
Service

Dr. Glass

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010555
STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 48

300
1-57
551
1

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Monett</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1102 4th. St.</u>		Length of stay in 1b <u>10 Yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>1102 4th. St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Ira</u> Middle <u>Jimmie</u> Last <u>Rogers</u>			4. DATE OF DEATH Month <u>March</u> Day <u>19</u> Year <u>1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 8, 1901</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Alinement Ser.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auto</u>	11. BIRTHPLACE (City and state or country) <u>Durham, Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>George Rogers</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Watts</u>	14. NAME OF HUSBAND OR WIFE <u>Hedgie Rogers</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW 2</u>	16. SOCIAL SECURITY NO. <u>553-05-4679</u>	17. INFORMANT <u>Mrs. Ira Rogers</u> Address <u>Monett, Mo.</u>
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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>Hemorrhage into the lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Squamous Cell Carcinoma of the trachea</u>	<u>? few months</u>
	DUE TO (c) <u>1620</u>	
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"/>

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.)
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20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a.m. <u></u> p.m. <u></u>	<u>2</u>
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20d. INJURY OCCURRED WHILE AT <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></u> STATE <u></u>
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21. I attended the deceased from 12-7-57 to 3-19-58 and last saw ^{her} _{him} alive on 3-19-58
Death occurred at 3:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>I. J. Glass, Jr.</i> (Degree or title) <u>M.D. U</u>	22b. ADDRESS <u>315 1/2 Broadway, Monett, Missouri</u>	22c. DATE SIGNED <u>3-21-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-23-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>McCord Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Durham, Ark.</u>
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24. FUNERAL DIRECTOR <u>Mercer Funeral Home Monett, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>3-21-58</u>	26. REGISTRAR'S SIGNATURE <i>Mrs P. N. Cook</i>
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(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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 358-61

DATE REC. 3-24-58

MAR 26 1958

MAR 26 1958

MAY 7 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 Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, 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.