

Health,
Welfare
Public
Service

FILED MAY 12 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016376

STATE FILE NUMBER
4717

Registration District No. **318** Primary Registration District No. **1003**

300 0
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Corning Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
40 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Little Rock Hosp, Inc.		Length of stay in lb 8 days	d. STREET ADDRESS None (If outside, give location) 23 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Charles Middle Robert Last Rodgers			4. DATE OF DEATH Month May Day 1 Year 1958
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 15, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Penal Agent	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Dexter, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Benjamin Rodgers	13b. MOTHER'S MAIDEN NAME Margaret unk.	14. NAME OF HUSBAND OR WIFE Clara
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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) no none	16. SOCIAL SECURITY NO. unk	17. INFORMANT Cecil Rodgers	Address 6960 Tholozan St. Louis
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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) Myelocytic Leukemia DUE TO (b) Cerebro Vascular Accident DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2044		INTERVAL BETWEEN ONSET AND DEATH 3 mos. 10 days
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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 _____ 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 COUNTY _____ STATE _____
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21. I attended the deceased from April 1, 1958 to 5/2/58 and last saw ^{her} _{him} alive on 5/2/58 Death occurred at 1:50 AM PM on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE R. C. Treiman, M.D. (Degree or title)	22b. ADDRESS 1755 S. Grand Ave.	22c. DATE SIGNED 5/2/58.
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-2-1958	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Corning, Ark.
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24. FUNERAL DIRECTOR Russell-Ermert	ADDRESS Corning, Ark.	25. DATE RECD. BY LOCAL REG. MAY 2 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. G.P.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Vertical text on the left margin: All diseases in Part I must be causally related.

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 *Harmer W. Dritz*

Licensed Embalmer No. *388*

P. O. Address *St. Louis*

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.