

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043136

STATE FILE NUMBER

FILED JAN 5 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 402

300
1-57

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY SCOTLAND	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MEMPHIS 099%
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAUGHLIN HOSPITAL		Length of stay in 1b 3 MO 1 DA	d. STREET ADDRESS (If outside, give location) 933 SKNOTT ST
3. NAME OF DECEASED (Type or print) First Middle Last CHARLEY RODGERS			4. DATE OF DEATH Month Day Year 12 19 58
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 1 1887
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days 9 18	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	11. BIRTHPLACE (City and state or country) PRATT KANSAS	12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME W.H. RODGERS		13b. MOTHER'S MAIDEN NAME MIRAND E RAY	14. NAME OF HUSBAND OR WIFE BEULAH ANN RODGERS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 523-36-4344	17. INFORMANT Name Address Cecil W Rodgers Memphis Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INANITION & DEBILITATION			INTERVAL BETWEEN ONSET AND DEATH SINCE 9-18-58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARCINOMATOSIS			UNKNOWN
DUE TO (c) PRIMARY CARCINOMA OF PYLORUS 151X			UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholelithiasis - Umbilical Hernia - Phlebitis - Embolism of Pulmonary A.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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
21. I attended the deceased from 9-18-58 to 12-19-58 and last saw ^{her} him alive on 12-19-58 Begin occurred at Memphis m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Earl Laughlin Jr. M.D.		22b. ADDRESS 2 Berkswille Mo	22c. DATE SIGNED 12-22-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12-27-58	23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL CEMETERY	23d. LOCATION (City, town, or county) (State) SCOTLAND CO MO
24. FUNERAL DIRECTOR D.W. PAYNE + SONS		ADDRESS MEMPHIS, MO	25. DATE RECD. BY LOCAL REG. 12-27-1958
		26. REGISTRAR'S SIGNATURE David W. Ratliff	

All diseases in Part I must be causally related to D.O. EARL LAUGHLIN JR. M.D. BE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FEB 26 1959

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 *P. Payne*

Licensed Embalmer No. *2196*
P. O. Address *Memphis 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.