

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000219

STATE FILE NUMBER

FEB 9 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 64

300
-57

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fulton</u> 01430 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>Univ. Med. Center</u>		Length of stay in 1b <u>38 da.</u>	d. STREET ADDRESS (If outside, give location) <u>East Home Gen. Del.</u> Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Calvin</u> Last <u>Rogers</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>5</u> Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	e. DATE OF BIRTH <u>2-1-04</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Old Jobs</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <u>54 6</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11a. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13a. FATHER'S NAME <u>James Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Humphrey</u>	14. NAME OF HUSBAND OR WIFE
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. <u>-</u>	17. INFORMANT <u>HOSPITAL RECORD</u> Address <u>COLUMBIA, MO.</u>
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>Acute gastric dilatation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Enterocolitis (Staph aureus)</u>			
DUE TO (c) _____			
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 checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ 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 _____
21. I attended the deceased from <u>12-29-1958</u> , to <u>2-5-1959</u> and last saw ^{her} him alive on <u>2-5-1959</u> Death occurred at <u>5.30 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J E Stehman</u> (Degree or title)		22b. ADDRESS <u>807 Stadium Rd</u>	22c. DATE SIGNED <u>2-6-59</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <u>2-8-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hellcrest Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Fulton, MO</u>
24. FUNERAL DIRECTOR <u>Marylin Funeral Home, Fulton, MO</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Feb 7, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs RE Palomares</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Marshall C. Blackwell*

Licensed Embalmer No. *4713*
P. O. Address *Fulton 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.