

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008885

STATE FILE NUMBER

22

FILED MAR 24 1959

Registration District No. 098

Primary Registration District No.

Registrar's No.

300  
1-57

Dr. Wilson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <b>Daviness</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Jefferson Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Farmington</b> <sup>074/0</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1 Mi. NE Weatherby</b>		Length of stay in 1b <b>7 Days</b>	d. STREET ADDRESS (If outside, give location) <b>---</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ANDREW NORMAN ROGERS</b>			4. DATE OF DEATH Month Day Year <b>March 2 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 12 1865</b>
9. AGE (In years last birthday) <b>94</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Buildings</b>	11. BIRTHPLACE (City and state or country) <b>Hunington, Indiana</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>(Unknown) Rogers</b>		13b. MOTHER'S MAIDEN NAME <b>(Unknown) Dewitt</b>	14. NAME OF HUSBAND OR WIFE <b>Ida May Rogers (Dec'd)</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT Address <b>Mrs. V.C. Cornelius, Weatherby, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Leukemia.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Several months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>2044</b>			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.)	
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 <b>Nov. 28, 1958</b> to <b>March 2, 1959</b> and last saw <sup>him</sup> <del>her</del> alive on <b>February 28, 1959</b> Death occurred at <b>8:45 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Frank Wilson M. D.</b>		22b. ADDRESS <b>Winston, Missouri</b>	22c. DATE SIGNED <b>3/4/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3-3-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Leadington Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Farmington Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Hope Funeral Home, Gallatin, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-16-59</b>	26. REGISTRAR'S SIGNATURE <b>Veget M Engelbert</b>

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  .....  
Licensed Embalmer No. 3302 .....

P. O. Address .....

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.