

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011329

STATE FILE NUMBER

Registration No. 3051

XC 568419

FRI APR 10 1959

Registration District No.

Primary Registration District No.

Registration No.

300

57

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MADISON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Length of stay in lb 4 DAYS	d. STREET ADDRESS (If outside, give location) 1522 4TH STREET
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOHN WILLIAM RODGERS			4. DATE OF DEATH Month Day Year MARCH 25 1959		
5. SEX MALE	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 12/5/88	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTODIAN ret. 2 mos. Madison City Hall		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) PITTSBURGH, PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN W RODGERS		13b. MOTHER'S MAIDEN NAME SARAH COWAN		14. NAME OF HUSBAND OR WIFE BETTY RODGERS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 346-07-2022	17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS, MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: CEREBRAL ARTERIOSCLEROSIS WITH THROMBOSIS OF IMMEDIATE CAUSE (a) BRANCH OF LEFT MIDDLE CEREBRAL ARTERY		INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
Conditions, if any, which gave rise to above cause (a), starting 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) EMPHYSEMA - PROSTATIC AND RENAL ABSCESSSES		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"/> NONE <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. Attended the deceased from 3/21/59 to 3/25/59 and last saw him alive on 3/25/59 Death occurred at 8:50 PM m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE Leo T. Neu, Jr., M.D.	(Degree or title)	22b. ADDRESS VAH, ST LOUIS, MO	22c. DATE SIGNED 3/26/59
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3-26-59	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	23d. LOCATION (City, town, or county) (State) Edwardsville, Illinois
24. FUNERAL DIRECTOR Francis J. Loney, Madison, Ill.		25. DATE RECD. BY LOCAL REG. MAR 26 59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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 *Francis J. Saley*
Licensed Embalmer No. *2797*
P. O. Address *Madison*

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.