

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011973

STATE FILE NUMBER

FILED MAR 27 1959

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 50300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sikeston</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>New Madrid</b> <sup>0726</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Delta Community Hosp.</b>		Length of stay in lb <b>9 Hrs.</b>	d. STREET ADDRESS (If outside, give location) <b>311 Kingshighway</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>WILEY</b> Last <b>RODGERS, JR.</b>		4. DATE OF DEATH Month <b>3</b> Day <b>16</b> Year <b>1959</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 16, 1956</b>
9. AGE (In years last birthday) <b>2</b>		10. UNDER 1 YEAR Months <b>9</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	11. BIRTHPLACE (City and state or country) <b>New Madrid, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b></b>		13a. FATHER'S NAME <b>John Wiley Rodgers, Sr.</b>	
13b. MOTHER'S MAIDEN NAME <b>Geraldine Masterson</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give dates of service <b>None None</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>John W. Rodgers, Sr.</b> Address <b>New Madrid, 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>Flash Burn over 80% of Body Surface</b>			INTERVAL BETWEEN ONSET AND DEATH <b>about 11 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>9/160</b>
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>INFANT WAS PLAYING NEAR BURNING TRASH &amp; clothing caught on fire</b>	
20c. TIME OF INJURY Hour <b>4</b> a.m. <b>3/15/59</b> p.m.		<b>072</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
20f. CITY, TOWN, OR LOCATION <b>Sikeston</b>		COUNTY <b>Mo.</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>2/15/59</b> to <b>3/16/59</b> and last saw her/him alive on <b>3/16/59</b> Death occurred at <b>3:10</b> <b>A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Maya A. Her MD</b> (Degree or title)		22b. ADDRESS <b>Sikeston, Mo.</b>	
22c. DATE SIGNED <b>3/17/59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>17 March 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>
23d. LOCATION (City, town, or county) <b>New Madrid, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Richards Undertaking Co.</b>		25. DATE RECD. BY LOCAL REG. <b>3-20-59</b>	26. REGISTRAR'S SIGNATURE <b>Marjorie Hunter</b>

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 Tommy S. Roberts .....

Licensed Embalmer No. 4886 .....

P. O. Address New Rochelle, N.Y. .....

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.