Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014599
STATE FILE NUMBER

FILED APR 29 1959 Registration District No. 316 Primary Registration District No. — Registrar's No. 152

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN St. Francois Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION State Hospt. #4 — Length of stay in 1b 41Y;1M;28das.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Perry
c. CITY OR TOWN Wittenberg — Inside Limits Yes ☐ No ☐ Unknown
d. STREET ADDRESS (If outside, give location) Unknown — Reside on Farm Yes ☐ No ☐ Unknown.

3. NAME OF DECEASED (Type or print) First CECIL Middle Last RODGERS
4. DATE OF DEATH Month April Day 7 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH Oct. 15, 1889
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months 5 Days 22 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) East St. Louis, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME August Monroe Adams
13b. MOTHER'S MAIDEN NAME Sarah Robinson
14. NAME OF HUSBAND OR WIFE Charles R. Rodgers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Address Records, State Hospital No. 4, Farmington, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinoma to abdominal viscera - - - — INTERVAL BETWEEN ONSET AND DEATH Abt. 5 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of the cervix - - - - - - - - - - - - - — Abt. 7 mos.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Dementia Praecox Psychosis - - - - at least 40 years. 17/X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Sept. 27, 1958, to April 7, 1959 and last saw her alive on April 7, 1959
Death occurred at 3:20 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John A. Brennan MD (Degree or title)
22b. ADDRESS State Hospital No. 4 Farmington, Missouri
22c. DATE SIGNED 4-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE April 9, 1959
23c. NAME OF CEMETERY OR CREMATORY Puxico Cemetery
23d. LOCATION (City, town, or county) (State) Puxico, Missouri

24. FUNERAL DIRECTOR ADDRESS Miller Funeral Home, Farmington, Mo.
25. DATE RECD. BY LOCAL REG. Apr. 21, 1959
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Part 1b. No symptoms will be listed. 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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington

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.