

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014600
STATE FILE NUMBER

FILED APR 29 1959 Registration District No. 316 Primary Registration District No. Registrar's No. 161

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington ST. FRANCOIS TWP RURAL		c. CITY OR TOWN Irondale	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION M.A. Osteo Hosp		d. STREET ADDRESS (If outside, give location) R.F.D.	
Length of stay in lb 2 Days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Fred Middle Last Rogers			4. DATE OF DEATH Month April Day 19, Year 1959		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 27, 1863	9. AGE (In years last birthday) 96	IF UNDER 1 YEAR Months 2 Days 22	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Walter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hamburg, Germany 4	12. CITIZEN OF WHAT COUNTRY? Germany
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT Verna B. Baker	Address Irondale, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Decompensated Hypertensive Heart Disease	years
	DUE TO (c) Arteriosclerosis	years
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"/> 443X

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.)
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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
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21. I attended the deceased from April 20, 1957 to April 19, 1959 and last saw him alive on April 18, 1959 Death occurred at 3:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M.M. Beck D.O. (Deed or title) 2	22b. ADDRESS Bismarck, Mo.	22c. DATE SIGNED 4-23-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April-20-59	23c. NAME OF CEMETERY OR CREMATORY Hppewell Cemetery	23d. LOCATION (City, town, or county) (State) Washington Co. Mo.
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24. FUNERAL DIRECTOR ADDRESS Murphy L. Sparks Flat River, Mo	25. DATE RECD. BY LOCAL REG. Apr. 23, 1959	26. REGISTRAR'S SIGNATURE Esther Rudloff
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

90

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 *Murphy Sparks*
Licensed Embalmer No. *4256*
P. O. Address *Frederick, Md.*

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.