

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018285

STATE FILE NUMBER

FILED JUN 4 1959 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 85

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lebanon</b>		c. CITY OR TOWN <b>Lebanon</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wallace Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Linn Creek Rt.</b>	
Length of stay in lb <b>5 Weeks</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>HUBERT ROGERS</b>			4. DATE OF DEATH Month <b>May</b> Day <b>20</b> Year <b>1959</b>		
First Middle Last			Month Day Year		

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 1, 1914</b>	9. AGE (In years last birthday) <b>45</b>	10. FUNDER 1 YEAR Months Days Hours Min.	11. 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) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Camden County Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Eli Rogers</b>	13b. MOTHER'S MAIDEN NAME <b>Ma<sup>y</sup> Calishaw</b>	14. NAME OF HUSBAND OR WIFE <b>Wilda Rogers</b>
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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) <b>Yes WW I</b>	16. SOCIAL SECURITY NO. <b>487-24-0250</b>	17. INFORMANT <b>Mrs. Wilda Rogers, Lebanon, Mo.</b>	Address
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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) <b>Leukemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<b>2044</b>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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.) <b>0</b>
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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 <b>June 13, 1958</b> to <b>May 20, 1959</b> and last saw him alive on <b>May 20, 1959</b> Death occurred at <b>8:30 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>J. H. Johnson</b> (Degree or title) <b>MD</b>	22b. ADDRESS <b>Lebanon Mo</b>	22c. DATE SIGNED <b>5-22-59</b>
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23a. BURIAL, CREMATION, REBURY (Specify) <b>Burial</b>	23b. DATE <b>5/24/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Rose Memorial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Laclede County Mo.</b>
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24. FUNERAL DIRECTOR <b>S. R. Palmer</b> ADDRESS <b>Lebanon Mo</b>	25. DATE RECD. BY LOCAL REG. <b>5-24-1959</b>	26. REGISTRAR'S SIGNATURE <b>Willa L. Hays</b>
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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 S. R. Palmer .....

Licensed Embalmer No. 2208 .....

P. O. Address Thorn .....

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.