

URINARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043037

FILED VS. DEC. 10 1959 33

Primary Registration District No. 6115 Registrar's No. 220

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SCOTT					
b. CITY (if outside corporate limits, give TOWNSHIP only) RURAL Sikeston		Length of stay in 1b		c. CITY OR TOWN RURAL Sikeston		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) RFD #4			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD 4				
3. NAME OF DECEASED (Type or print) Eddie Alexander Rogers				4. DATE OF DEATH Month 11 Day 21 Year 59					
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 2-12-1985			
				9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days			
						IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET			10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) THAYER MO		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME GEO. WASHINGTON ROGERS			13b. MOTHER'S MAIDEN NAME JAMIMA SLOAN			14. NAME OF HUSBAND OR WIFE CORDIE			
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. -		17. INFORMANT Mrs Cordie Rogers Sikeston R4			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Acute Coronary Insufficiency							30 MIN		
DUE TO (b) Arterio sclerotic Heart Disease							2 years		
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. DIABETES MELLITUS							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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. I attended the deceased from 10-1-56 to 11-21-59 and last saw him alive on 11-1-59 Death occurred at 8:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Andre B. M. MD				22b. ADDRESS Sikeston Mo.				22c. DATE SIGNED Nov 30 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-23-59		23c. NAME OF CEMETERY OR CREMATORY NEW		23d. LOCATION (City, town, or county) (State) MORLEY MO			
24. FUNERAL DIRECTOR Welsh Funeral Home Sikeston Mo				25. DATE RECD. BY LOCAL REG. 12-3-59		26. REGISTRAR'S SIGNATURE Mrs Ella Hunter			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 17 1953

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 Raymond Cewe

Licensed Embalmer No. 3467

P. O. Address Seaton M.

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.