

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 28 1960 *267*

=60-002714

Registration District No. _____ Primary Registration District No. *3049* Registrar's No. *6*

STATE FILE NUMBER

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Pemiscot | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pemiscot | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti | | Length of stay in lb 5 days | c. CITY OR TOWN Caruthersville, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hayti Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1216 Laurant Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) First William Middle Rogers Last _____ | | | 4. DATE OF DEATH Month Jan. Day 10 Year 1960 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 29, 1898 | 9. AGE (last birthday) 61 | IF UNDER 1 YEAR Months 0 Days 11 Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nitewatchman | | 10b. KIND OF BUSINESS OR INDUSTRY Compress | 11. BIRTHPLACE (City and state or country) Waverly, Tenn | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Willard Rogers | | 13b. MOTHER'S MAIDEN NAME Anna Wilson | | 14. NAME OF HUSBAND OR WIFE Buleah Rogers | |

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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. unknown | 17. INFORMANT Mrs. Wm. Rogers, Civilville, 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: | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| IMMEDIATE CAUSE (a) C.V.A. | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) arterio Sclerotic Vascular Disease | |
| | DUE TO (c) _____ | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 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 | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ | | | |

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|--|--|---|---------------------------|--------------------------|
| 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 Caruthersville | COUNTY Missouri | STATE Missouri |
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree title) C. W. Mashke M.D. | 22b. ADDRESS | 22c. DATE SIGNED |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Jan. 12, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Little Prairie | 23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri |
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| 24. FUNERAL DIRECTOR Nole C. Dean Caruthersville, Mo | 25. DATE RECD. BY LOCAL REG. 1-14-'60 | 26. REGISTRAR'S SIGNATURE La Honda Adams |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 28 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Noel C Sean

Licensed Embalmer No. 3941

P. O. Address Courthouse

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.