

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039470

FILED VS. OCT 18 1960 316

Primary Registration District No. \_\_\_\_\_

Registrar's No. 393

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Francois</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Francois Twp Farmington - RURAL</b>		Length of stay in 1b	c. CITY OR TOWN <b>Flat River</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Thomas Dell Memorial Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>208 Crane St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Tola</b> Middle <b>Rogers</b> Last <b>Rogers</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>8</b> Year <b>1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/22/82</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>foundation garment</b>		11. BIRTHPLACE (City and state or country) <b>Minella Motte, Mo</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>John Franklin Rogers</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Jane Johnson</b>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-01-0941</b>	
17. INFORMANT <b>Mrs. Hilda Carrow; Bonne Terre, Mo.</b>		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>Malnutrition</b> DUE TO (b) <b>Senility &amp; Rheumatoid arthritis yrs.</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>4 mo</b>	
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	
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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>June 4, 1960</b> to <b>October 8, 1960</b> and last saw her/him alive on <b>October 7, 1960</b> Death occurred at <b>12:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>R. G. Huckstep M.D.</b>		(Degree or title)		22b. ADDRESS <b>301 W. Liberty, Farmington, Missouri</b>	22c. DATE SIGNED <b>10-10-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>10/10/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Minella Motte Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Minella Motte Mo.</b>	
24. FUNERAL DIRECTOR <b>Alvin W. Hood; Flat River, Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Oct. 10, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 19 1960

**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 Alvin W Hood

Licensed Embalmer No. 2780

P. O. Address \_\_\_\_\_

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.