

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041352

FILED VS NOV 21 1960

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 5247 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Chariton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Chariton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salisbury Township		Length of stay in 1b aprox 60 yrs	c. CITY OR TOWN Salisbury Township		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 miles west of Salisbury		Inside Limits No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4 miles west of Salisbury		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Tink Middle - - - Last Rogers			4. DATE OF DEATH Month Nov. Day 17, Year 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/26/1881	9. AGE (last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done or profession, occupation, or business given if retired) farm laborer		10b. KIND OF BUSINESS OR INDUSTRY General farming	11. BIRTHPLACE (City and state or country) Chariton County, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Rogers		13b. MOTHER'S MAIDEN NAME Margaret Robbins		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) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Mabel Epperly, Address Clifton Hill Missouri		
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 Heart Failure DUE TO (b) acute indigestion DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) gall stones				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 Nov 16th to Nov 17th and last saw her alive on Nov 16-1960 Death occurred at 2 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) S. E. Winkelmeyer MD.			22b. ADDRESS Keytesville MO		22c. DATE SIGNED 11/18/60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11/19/1960	23c. NAME OF CEMETERY OR CREMATORY Salisbury City Cemetery		23d. LOCATION (City, town, or county) (State) Salisbury Missouri	
24. FUNERAL DIRECTOR Chas. B. Winkelmeyer, Salisbury, Mo.		25. DATE RECD. BY LOCAL REG. 11-9-60	26. REGISTRAR'S SIGNATURE Opal L. Spence		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

5287

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Chas B Winkehmeyer

Licensed Embalmer No. 384

P. O. Address Salisbury

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