

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028238

STATE FILE NUMBER

AMENDED

Registration District No. 3000 Primary Registration District No. 3000 Registrar's No. 227

FILED AUG 21 1961

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		Length of stay in 1b years	c. CITY OR TOWN Kirkville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR LOCATION Stickler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 416 S. 1st. St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALEX Middle E. Last ROGERS			4. DATE OF DEATH Month August Day 10 Year 1961
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 8/17/76
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months 8 Days 10	IF UNDER 24 HR Hours 10 Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Mercer Co. Mo.
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME Isaac Rogers	
13b. MOTHER'S MAIDEN NAME Sally Ann Robinson		14. NAME OF HUSBAND OR WIFE Ida M. Mahoney Rogers	
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. No	17. INFORMANT Address Ida M. Rogers, Kirkville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocarditis DUE TO (b) Chronic Myocarditis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 months 6 years
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 11:30 a.m. Month, Day, Year June-19 -1961	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.) Powersville		20f. CITY, TOWN, OR LOCATION Powersville	COUNTY Putnam STATE Mo.
21. I attended the deceased from June-19 -1961 to Aug-10-1961 and last saw him ^{her} alive on August-10-1961 Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R O Stickler (Degree or title) MD		22b. ADDRESS 107-E-Harrison-Kirkville, Mo.	22c. DATE SIGNED 8-12-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/13/61	23c. NAME OF CEMETERY OR CREMATORY Powersville	23d. LOCATION (City, town, or county) (State) Powersville, Putnam, Mo.
24. FUNERAL DIRECTOR Foster Memorial Home, Kirkville, Mo. ADDRESS Aug. 15, 1961		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Dores W. Ratliff

MEDICAL CERTIFICATION **Stickler**

DOCUMENT

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

R. O. STICKLER, M.D.

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 *David E. Foster*

Licensed Embalmer No. 4742

P. O. Address Kukwilla

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.