

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009579

STATE FILE NUMBER

Registered on **FEB 23 1962** Primary Registration District No. **3074** Registrar's No. **37**

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Scott | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston | | Length of stay in 1b 8 days | c. CITY OR TOWN Lilbourn |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Lilbourn |
| 3. NAME OF DECEASED (Type or print) First Solomon Middle Curnel Last Rogers | | 4. DATE OF DEATH Month 2 Day 9 Year 62 | |
| 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 10-25-1895 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING | | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | 11. BIRTHPLACE (City and state or country) INDIANA |
| 13a. FATHER'S NAME Solomon Rogers | | 13b. MOTHER'S MAIDEN NAME ANNA Rogers | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. - | |
| 17. INFORMANT Mrs John Ling | | Address New Madrid, 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) CANCER OF COLON, MET. TO LIVE | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ANEMIA, SECOND. | | | 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 checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 12-8-61 | 20f. CITY, TOWN, OR LOCATION Sikeston | COUNTY _____ STATE _____ |
| 21. I attended the deceased from 12-8-61 to 2-9-62 and last saw him alive on 2-9-62 Death occurred at 12:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Core G. Rogers M.D. | | 22b. ADDRESS Sikeston | 22c. DATE SIGNED 2-9-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 2-11-1962 | 23c. NAME OF CEMETERY OR CREMATORY Portagerille Cemetery | 23d. LOCATION (City, town, or county) (State) Portagerille Missouri |
| 24. FUNERAL DIRECTOR Delisle Funeral Home | | ADDRESS Portagerille, Mo | 25. DATE RECD. BY LOCAL REG. Feb 13-1962 |
| | | | 26. REGISTRAR'S SIGNATURE Jeanette Waldman |

MAR 29 1962

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 Joseph A. English
Licensed Embalmer No. 4481

P. O. Address Portsmouth, Mo.

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.