

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003992

FILED 15 FEB 1 0 1960

2 1102

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

DED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri b. COUNTY Madison	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital		c. CITY OR TOWN Fredericktown	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 6 Mi. S.E. of Fredericktown	
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
		R.F.D. #1	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First ODIS Middle EDWIN Last ROGERS			Month 1 Day 29 Year 60		
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 6-14-1892	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Miner (Retired)		10b. KIND OF BUSINESS OR INDUSTRY National Lead Co.	11. BIRTHPLACE (City and state or country) Mine LaMotte, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Rogers		13b. MOTHER'S MAIDEN NAME Mary Skaggs		14. NAME OF HUSBAND OR WIFE Dovey W. 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. _____		17. INFORMANT Mrs. Dovey Rogers, Fredericktown, Mo.	

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
IMMEDIATE CAUSE (a) OBSTRUCTIVE EMPHYSEMA		28 YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PNEUMOCOCCUS		
DUE TO (c) 523.3		
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 checked="" 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____	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. INJURY OCCURRED Clinic Patient since Mar 15-1960		21. INJURY OCCURRED Mar 28-1-28-1960 to 1-29-1960	
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22a. SIGNATURE Kenneth E. Wether, M.D.		22b. ADDRESS 1325 S. Grand	22c. DATE SIGNED 1/29/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 31-1960	23c. NAME OF CEMETERY OR CREMATORY Mine LaMotte Cemetery	23d. LOCATION (City, town, or county) (State) Madison Co., Missouri
24. FUNERAL DIRECTOR ADAMSON-WEBB FUNERAL HOME, Mo.		25. DATE RECD. BY LOCAL REG. JAN 31 1960	26. REGISTRAR'S SIGNATURE Roal Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

FEB 1

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

J. P. Burgess

Licensed Embalmer No. 4029

P. O. Address *Maplewood*

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.