

FILED APR 19 1949

STANDARD CERTIFICATE OF DEATH

State File No. 13334

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>121</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		c. LENGTH OF STAY (In this place) <u>1</u> <u>8 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FAIRFIELD</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROLLA KIMBER</u>			b. (Middle) _____		c. (Last) <u>GRACE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 9, 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN 8, 1902</u>		9. AGE (In years last birthday) <u>47</u>	Months <u>3</u>	Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>For Oil Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Benton County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>A. J. Grace</u>			13b. MOTHER'S MAIDEN NAME <u>Ida B. Alexander</u>		14. NAME OF HUSBAND OR WIFE <u>Never married</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-14-6237</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A. J. Grace</u> ADDRESS <u>Fairfield, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lacerations of the Brain with Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS <u>Fracture of skull, clavicle, glenoid fossa, 5 ribs, 2nd intercostal right, multiple lacerations.</u>			
19a. DATE OF OPERATION <u>4-4-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Subdural hematoma, cerebral lacerations, basilar fracture of brain, bilateral hemorrhage, lacerations.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) <u>highway bridge</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Warsaw Benton Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr. 2, 1949 4A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>struck highway bridge with car.</u>			
22. I hereby certify that I attended the deceased from <u>April 2, 1949</u> , to <u>April 9, 1949</u> , that I last saw the deceased alive on <u>April 9, 1949</u> , and that death occurred at <u>5:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. R. Rhodes, M.D.</u> (Degree or title)				23b. ADDRESS <u>312 1/2 S. Ohio St., Sedalia, Mo.</u>		23c. DATE SIGNED <u>4-9-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 11, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Benton County Mo</u>		
DATE RECD BY LOCAL REG. <u>4-9-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Heas</u> ADDRESS <u>Warsaw, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

80
6
LNo. 300
10-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-18-49

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
Student Embalmer

Signed

John F. Res

Licensed Embalmer No. 4098

P. O. Address Warsaw

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 this body is not embalmed, fact should be so stated above.