

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14158

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Licking 1076	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hospital		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print) Albert			a. (First)		b. (Middle)		c. (Last) Rolley		4. DATE OF DEATH (Month) (Day) (Year) 4 30 50		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 7-31-1916		9. AGE (In years last birthday) 33		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during course of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Dunklin Co Mo		12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME John Rolley		13b. MOTHER'S MAIDEN NAME Mallissa Ward		14. NAME OF HUSBAND OR WIFE /	
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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'S SIGNATURE OR NAME Alta Bailey		ADDRESS Licking Mo	
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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) Carcinoma of Colon				INTERVAL BETWEEN ONSET AND DEATH	
		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 Conditions contributing to the death but not related to the disease or condition causing death.				153X	

19a. DATE OF OPERATION 4/21/50		19b. MAJOR FINDINGS OF OPERATION Carcinoma of descending colon & metastases				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3/18, 1950, to 4/30, 1950, that I last saw the deceased alive on 4/30, 1950, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE W. R. Little		(Degree or title) Dr.		23b. ADDRESS Waynesville, Mo		23c. DATE SIGNED 4/30/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Rock Springs Cem.		24d. LOCATION (City, town, or county) (State) Texas Co. Mo	
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DATE REC'D BY LOCAL REG. 5-6-50		REGISTRAR'S SIGNATURE Shelma C. Buckhorn		389 25. FUNERAL DIRECTOR'S SIGNATURE Smith & Ferguson		ADDRESS Licking, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5/5/50  
Pulaski County Health Officer  
File Number.....  
Date Filed.....5/6/50.....

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 Ernest E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Fickling St

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.