

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19944

0396

S. No. 300

V. 10.48

0396

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

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>565</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		d. STREET ADDRESS (If rural, give location) <u>1228 Sherman</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1228 Sherman</u>				d. STREET ADDRESS (If rural, give location) <u>1228 Sherman</u>			
3. NAME OF DECEASED a. (First) <u>MAYME</u> (Type or Print)			b. (Middle) <u>EDITH</u>		c. (Last) <u>ROLLINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-17-50</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-25-1896</u>		9. AGE (In years last birthday) <u>53</u> If under 1 year: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Creed Young</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Coker</u>		13c. NAME OF HUSBAND OR WIFE <u>Harry N. Rollins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown, give date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H. N. ROLLINS</u> ADDRESS <u>1228 Sherman</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL INFORMATION.					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous, generalized</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma, left breast</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>190X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 <u>5:00</u> <u>1949</u> to <u>13 June, 1950</u> , that I last saw the deceased alive on <u>13 June, 1950</u> , and that death occurred at <u>12:20 p.m.</u> , from the causes and on the date stated above. <u>17 June 50</u>							
23a. SIGNATURE <u>Samuel E. Kraft, M.D.</u>				23b. ADDRESS <u>1630 N. Jefferson</u>		23c. DATE SIGNED <u>19 June 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-23-50</u>		REGISTRAR'S SIGNATURE <u>W. C. Landly M.D.</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>H. A. Smith</u>		ADDRESS <u>602 N. Jefferson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Herbert S. Smith

Licensed Embalmer No. 4286

P. O. Address Springfield Va

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.