

FILED DEC 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36336

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 404

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Fulton</u> c. LENGTH OF STAY (in this place) <u>2 1/2 days</u>		c. CITY OR TOWN <u>Columbia</u> d. STREET ADDRESS (If rural, give location) <u>204 Locust St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Co. Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>RICHARD ROLEY</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>12-6-1950</u>
---	------------	-------------	-----------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-4-1908</u>	9. AGE (In years last birthday) <u>42</u>	% UNDER 1 YEAR	% UNDER 1 MIN.
--------------------	-------------------------------	---	----------------------------------	---	----------------	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Genie Rokey</u>	13b. MOTHER'S MAIDEN NAME <u>Vanella Turner</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Mae Rokey</u>
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>OK</u>	16. SOCIAL SECURITY NO. <u>OK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Mae Rokey</u> ADDRESS <u>Columbia 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture Skull - multiple</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Syphilis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT OR HOMICIDE (Specify) <u>HOMICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Near Carrington Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Callaway Co. Mo.</u>
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-3-50 9:00 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>He had stolen a hammer and engaged in a fight for its possession. He was fatally injured.</u>
--	---	---

22. I hereby certify that I attended the deceased from 12/3, 1950, to 12/6, 1950, that I last saw the deceased alive on 12/5, 1950, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George L. Wood, MD</u> (Degree or title)	23b. ADDRESS <u>Fulton, Mo.</u>	23c. DATE SIGNED <u>12-7-50</u>
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-10-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Callaway</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia Mo.</u>
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Nov-9-1950</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	4261	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart S. Parker</u> ADDRESS <u>Columbia Mo.</u>
--	---	------	--

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

420

RECEIVED

DISTRICT HEALTH OFFICE NO. 4

DEC 10 1950

File No.

1951
AUG 9

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,

working under my personal supervision.

Student Embalmer No.

Signed

Stuart D. Parker

Signed.....
Student Embalmer

Licensed Embalmer No. 2900

P. O. Address. Columbia Md

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.