

FILED FEB 6 1951

STANDARD CERTIFICATE OF DEATH

State File No.

43680

BIRTH NO. _____		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>4434</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Ralls,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Ralls,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Center, Missouri.</u>			c. LENGTH OF STAY (in this place) <u>65</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Center, Missouri.</u>			<u>0870</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>NO</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Henry</u>	b. (Middle) <u>Clay</u>	c. (Last) <u>Roland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec, 27, 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept, 9, 1875</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR <u>3</u> MONTHS <u>18</u> DAYS	IF UNDER 60 HRS. <u></u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wood work</u>		11. BIRTHPLACE (State or foreign country) <u>Spalding, Missouri.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Samuel Roland</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Sears</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Sallie Roland</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Sallie Roland</u>					ADDRESS <u>Center, 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>Arterio sclerosis - cerebral</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis, generalized</u> <u>3 years</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334x</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>8-24, 1950</u> , to <u>12-27, 1950</u> , that I last saw the deceased alive on <u>11-17, 1950</u> and that death occurred at <u>4:40 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. M. D. M.D.</u> (Degree or title)				23b. ADDRESS <u>Hannibal, Missouri.</u>		23c. DATE SIGNED <u>12-28-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-29-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Center, Missouri.</u>					
DATE REC'D BY LOCAL REG. <u>12/29/50</u>		REGISTRAR'S SIGNATURE <u>Rhodes Wilson</u> <u>267</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Obuch + Wilkey</u> ADDRESS <u>Mo. Center, MO</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JAN 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-57-20
Date Filed: FEB 5 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Clyde C. Wilkey

Licensed Embalmer No. *3850*

P. O. Address *Permy, Mo.*

Signed.....
Student Embalmer

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.