

S. No. 300
V. 10.48

FILED APR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9520

State File No.

0790
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BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5917 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. Marys</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. Marys</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0790</u> <u>D</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Albert</u> b. (Middle) _____ c. (Last) <u>Rollet</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 13 1951</u>
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 29 1887</u>
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Perry Co. Mo. D</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank Rollet</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Milfelt</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie LaRose Rollet</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 ADDRESS <u>Nellie Rollet Perryville Mo. R1</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 of skull (frontal parietal)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>29101</u> <u>3</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 type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Marys Perry Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>3 13 1951 12:15</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>HIT BY PLY Pole - ON wheel of TRUCK</u>	
22. I hereby certify that I attended the deceased from <u>Parson of Perry County, Mo.</u> , 19 <u>50</u> , that I last saw the deceased alive <u>Parson of Perry County, Mo.</u> , 19 <u>50</u> , and that death occurred at <u>12:15</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. W. Wedeman</u> (Degree or title) <u>Coroner of Perry County, Mo.</u>		23b. ADDRESS <u>Perryville Mo</u>	23c. DATE SIGNED <u>3/17/1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 17 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perryville Mo.</u>
DATE REC'D BY LOCAL REG. <u>March 17 1951</u>	REGISTRAR'S SIGNATURE <u>Joseph J. Young</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young & Sons Perryville Mo</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

