

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34601

State File No. ....

BIRTH NO. .... REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>PHELPS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>BUTLER</u> <u>0120</u>	
b. CITY (If outside corporate limits, write RURAL and give town or townrural) <u>N. DILLON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FERNDALE NURSING HOME</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>*****</u>	c. (Last) <u>ROLAND</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NO</u>	8. DATE OF BIRTH <u>March 22, 1888</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Denta Roland</u>	13b. MOTHER'S MAIDEN NAME <u>Erma Richardson</u>	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) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ferndale Nursing Home, St. James, Mo.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>		<u>1 yr.</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>Senility Psychosis</u>		<u>6 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Leg ulcer-septic</u>			<u>1 month</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from 4/12, 1951, to 10/23, 1951, that I last saw the deceased alive on 10/20, 1951, and that death occurred at 9:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Hammler M.D.</u> (Degree or title)	23b. ADDRESS <u>St. James, Mo.</u>	23c. DATE SIGNED <u>Oct. 26, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/26/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dawson Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>St. James (rural), Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-29-51</u>	REGISTRAR'S SIGNATURE <u>Cora E. Birmingham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Lickhiser</u>	ADDRESS <u>St. James, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

5810  
4

No. 300  
10:48

FILED NOV 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 \_\_\_\_\_

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Oral E Lickhiler*

Licensed Embalmer No. *3546*

P. O. Address *St James mo*

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.