

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37543

State File No.

5060

No. 300
10. 48

FILED DEC 15 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>40 years</u>		d. STREET ADDRESS (If rural, give location) <u>1433 Park</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital Medical Center</u>		3250	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>D.</u> c. (Last) <u>Roelfson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 25 51</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>8-2-02</u>			9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PIPE FITTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NELLIE ATTERBURY</u>		11. BIRTHPLACE (State or foreign country) <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>MOTT ROELFSON</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Ellaieda</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-09-3915</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ROELFSON</u>		ADDRESS <u>1433 PARK K.C. MO</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>Hemorrhage from esophageal varicels</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Varicels</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (b) <u>Cirrhosis of Liver</u>		
II. OTHER SIGNIFICANT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Conditions contributing to the death but not related to the disease or condition causing death.			DUE TO (c) _____		

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	
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 10/22, 1951, to 11/25, 1951, that I last saw the deceased alive on 11/25, 1951, and that death occurred at 3:52 p.m., from the causes and on the date stated above.

23a. SIGNATURE of attester <u>Nelly Roelfson M.D.</u>		23b. ADDRESS <u>310 Bryant Bldg</u>		23c. DATE SIGNED <u>11/25/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>	
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DATE REC'D BY LOCAL REG <u>11-26-51</u>		REGISTRAR'S SIGNATURE <u>Herseldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McG. Hey-Evlar</u>		ADDRESS <u>K.C. MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Allen E. Beach

Licensed Embalmer No. *4063*

P. O. Address

K. C. 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.