

FILED FEB 15 1952

STANDARD CERTIFICATE OF DEATH

State File No. 3651
REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 2488 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give town) MORLEY		c. CITY (If outside corporate limits, write RURAL and give township) MORLEY 1000	
c. LENGTH OF STAY (in this place) 3 1/2 yrs		d. STREET ADDRESS (If rural, give location) MORLEY 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION MORLEY			
3. NAME OF DECEASED a. (First) BERTIE		b. (Middle) MAE	
		c. (Last) ROLLINS	
4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 2 1952			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG. 29 1894
9. AGE (In years last birthday) 57		10. KIND OF BUSINESS OR INDUSTRY IN OWN HOME	11. BIRTHPLACE (State or foreign country) MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME SIMON P. ROLLINS		13b. MOTHER'S MAIDEN NAME AMELIA MADDEN	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MRS. RALPH CUMMINS		ADDRESS ORAN, MO	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Extreme Hypertension DUE TO (c) Coronary & Renal Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Undetermined Cardiac Pathology	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 9:20 pm - to 10:25 pm.			
22. I hereby certify that I attended the deceased from Feb. 2 nd , 1952, to Feb. 2 nd , 1952, that I last saw the deceased alive on Feb. 2 nd , 1952, and that death occurred at 10:25 P. M., from the causes and on the date stated above.			
23a. SIGNATURE James C. Burt V.D.		23b. ADDRESS Burt Clinic Oran, Mo	
23c. DATE SIGNED 2/5/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 5 1952	
24c. NAME OF CEMETERY OR CREMATORY FRIEND		24d. LOCATION (City, town, or county) (State) ORAN SCOTT COUNTY MO.	
DATE REC'D BY LOCAL REG. 2-7-52		REGISTRAR'S SIGNATURE Mrs. Olla Hunter	
25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith		ADDRESS ORAN, MO.	

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

FEB 27 1952

RECEIVED FEB 11 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 252-40

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 *Earl J. Smith*

Licensed Embalmer No. 3676

P. O. Address *Owen, 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.