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FILED JUL 2 - 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23354

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6149 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Duck Creek T.S.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Duck Creek T.S. 1030</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jacob</b> b. (Middle) <b>F.</b> c. (Last) <b>Rollman,</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6 16 52</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct 17 1872</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>7</b> IF UNDER 24 HRS. Hours <b>29</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ridgeway Ill, /</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>Maok Rollma,</b>	13b. MOTHER'S MAIDEN NAME <b>Marguett Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased,</b>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Charles Rollman Puxico Mo.</b>	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, asphyxia, 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) <b>Senility</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
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 <b>794X</b>	20. AUTOPSY? YES <input 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)
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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 1976 to 6-16, 1952, that I last saw the deceased alive on 6-17, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. H. Williams Jr.</b> (Degree or title)	23b. ADDRESS <b>Puxico Mo</b>	23c. DATE SIGNED <b>6/19/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-18-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Rural Stoddard Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-20-52</b>	REGISTRAR'S SIGNATURE <b>Gloria Morgan</b>	358	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Lewis Puxico Mo</b>	ADDRESS
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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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.

*Handwritten scribbles and faint text at the bottom of the page.*