

STANDARD CERTIFICATE OF DEATH

State File No. 35714
Registrar's No. 62

NOV 13 1952

BIRTH NO.

REG. DIST. NO. 210

PRIMARY REG. DIST. NO. 5773

REG. DIST. NO. 62

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Morgan Twp.		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercer Co. Rest Home		c. CITY (If outside corporate limits, write RURAL and give township) Rural 065g	
d. STREET ADDRESS (If rural, give location)		4. DATE OF DEATH 11-3-52	
3. NAME OF DECEASED a. (First) Oliver		b. (Middle) Rollins	
c. (Last)		4. DATE OF DEATH 11-3-52	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 1-15-1864
9. AGE (In years last birthday) 88		10. UNDER 1 YEAR Months Days	
11. UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Iowa	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME unknown	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME L. W. Harp		ADDRESS Princeton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial degeneration DUE TO (c) essential hypertension 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 443X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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 7-30 1952 to 4-23 1952, that I last saw the deceased alive on 0-23-52, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Douglas L. Pearce, D.O.		23b. ADDRESS Princeton, Missouri	
23c. DATE SIGNED 11-6-52		24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 11-5-52	
24c. NAME OF CEMETERY OR CREMATORY Princeton		24d. LOCATION (City, town, or county) (State) Princeton, Mo.	
DATE REC'D BY LOCAL REG. 11-8-52		REGISTRAR'S SIGNATURE Noel Moss 393	
25. FUNERAL DIRECTOR'S SIGNATURE Noel Moss		ADDRESS Princeton, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0650

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

Licensed Embalmer No.

P. O. Address

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.