

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5003

FILED MAR 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5135</u>		Registrar's No. <u>79</u>		
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Jura</u> b. COUNTY <u>None</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Ash Hill Twp</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Port-Lesney, France</u>		8630		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 Mi S E of Broseley, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henri</u> b. (Middle) <u>Emile</u> c. (Last) <u>Rolet</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 14 1953</u>					
5. SEX <u>Male</u> 0		6. COLOR OR RACE <u>Caucasian</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> U		8. DATE OF BIRTH <u>13 Oct 1930</u>		
9. AGE (In years last birthday) <u>22</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>French Air Force</u>		11. BIRTHPLACE (State or foreign country) <u>Aumont, Jura, France</u> 5		12. CITIZEN OF WHAT COUNTRY? <u>France</u>	
13a. FATHER'S NAME <u>Louis Rolet</u>			13b. MOTHER'S MAIDEN NAME <u>Hugonnaux</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>attached For Tng.</u>			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Ricaud, Lt., French Air Force</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injuries, Multiple, Extreme.</u> ANTECEDENT CAUSES <u>Rupture, traumatic, heart, with extension for 3" into ascending aorta and 2" laceration upper portion descending aorta. Fracture, compression, cervical vertebrae. Hemothorax, traumatic. Wound, lacerated, liver.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>Sudden</u> <u>Sudden</u> <u>Sudden</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Aircraft</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Broseley, Butler, Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 14 1953 900</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Military aircraft accident - findings pending.</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>900 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John A. Dyer</u> (Degree or title) <u>JOHN A. DYER, Capt, USAF(MC)</u>				23b. ADDRESS <u>USAF Infirmary, Malden Air Base, Missouri</u>		23c. DATE SIGNED <u>16 Feb 53</u>		
24a. BURIAL, CREMATION, OR OTHER (Specify) <u>BURIAL</u>		24b. DATE <u>UNKNOWN</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PORT-LESNEY</u>		24d. LOCATION (City, town, or county) (State) <u>FRANCE</u>		
DATE REC'D BY LOCAL REG. <u>Feb 17, 1953</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> 428		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DAY FUNERAL HOME MALDEN, MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0120

RECEIVED

FEB 27 1953

BUTLER CO. HEALTH CENTER

FILE No. 253-86

MAR 2 1953
REC'D
1953

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.....

NOT EMBALMED

working under my personal supervision.

Student Embalmer No.....

Signed John W. Johnson

Signed.....
Student Embalmer

Licensed Embalmer No. 4086

P. O. Address Malden

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.