

THE HEALTH DEPARTMENT
STANDARD CERTIFICATE OF DEATH

10570

State File No. _____
Registrar's No. 8

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5758

0630
1
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Miller		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Miller 0630	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Thomas c. (Last) Rollins			4. DATE OF DEATH (Month) (Day) (Year) 3 8 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 6/15/1874		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 8 Days 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Missouri U	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Dan Owens		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Henry Rollins	
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. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Henry Rollins, Dixon, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis		yes	
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 4201		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)		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 Jan 1950, to March 1953 that I last saw the deceased alive on 7 March 1953 and that death occurred at 9:00A. m., from the causes and on the date stated above.

23a. SIGNATURE P. O. Hughes M. H.		23b. ADDRESS Dixon, Mo		23c. DATE SIGNED 30 March 53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/10/1953		24c. NAME OF CEMETERY OR CREMATORY Wheeler Cemetery	
				24d. LOCATION (City, town, or county) (State) Maries County, Missouri	

DATE REC'D BY LOCAL REG. 3-25-53		REGISTRAR'S SIGNATURE Pauline Howard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred H. Gilbert Dixon, Mo	
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.