THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14468

FILED MAY 8 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2114

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS City
c. LENGTH OF STAY (In this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4512 WASHington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS City -
d. STREET ADDRESS (If rural, give location): 4512 WASHington

3. NAME OF DECEASED (Type or Print): a. (First) EMMA b. (Middle) L. c. (Last) ROLEKE

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WiDowed
8. DATE OF BIRTH: MARCH 29-1878
9. AGE (In years last birthday): 75 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: At. Home
11. BIRTHPLACE (State or foreign country): DAVIS County MO. O
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: T. G. Scott
13b. MOTHER'S MAIDEN NAME: Mattie Hal MANdollAr
14. NAME OF HUSBAND OR WIFE: William ROLEKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Mrs EVA. Ellis ADDRESS: 4512 WASHington

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia following — INTERVAL BETWEEN ONSET AND DEATH: 72 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Right hemiplegia — 8 mts
DUE TO (c) CEREBRAL arteriosclerosis — years 33+

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bedfast from stroke and senility.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* 4-21, 1953, *that I last saw the deceased alive on* 4-20, 1953, *and that death occurred at* 7:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE Raymond W. O'Brien (Degree or title) — Raymond W O'Brien M.D. D
23b. ADDRESS: 231 W. 47 Kans City, Mo
23c. DATE SIGNED: 4-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Apr. 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Gillman City, Mo.

DATE REC'D BY LOCAL REG.: 4-21-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Wilson L. Kelly ADDRESS: Indep. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Jason T. White

Licensed Embalmer No. 4925

P. O. Address Independence Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.