

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24230**

FILED **AUG 10 1953**

REG. DIST. NO. **72**

PRIMARY REG. DIST. NO. **4/34**

Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithville		c. LENGTH OF STAY (in this place) 4 Yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithville		6000 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			d. STREET ADDRESS (If rural, give location) None		
3. NAME OF DECEASED (Type or Print) a. (First) Allen		b. (Middle)		c. (Last) Rolston	
4. DATE OF DEATH (Month) (Day) (Year) Aug. 2 1953					
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 13, 1872		9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 5 Days 20 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Jackson Rolston		13b. MOTHER'S MAIDEN NAME Mary Jackson		14. NAME OF HUSBAND OR WIFE Myra Masterson Rolston	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Allen Rolston Smithville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis general DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332 X				INTERVAL BETWEEN ONSET AND DEATH 1 month 10 yrs +
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 July 14, 1953 , to Aug 2, 1953 , that I last saw the deceased alive on Aug 2, 1953 , and that death occurred at 7:50 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Otto Provost, M.D.			23b. ADDRESS Shubland, Missouri		23c. DATE SIGNED 8-3-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-4-53	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Smithville, Missouri	
DATE REC'D BY LOCAL REG. 8-4-53	REGISTRAR'S SIGNATURE Marguerite Judson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McComas Funeral Home Smithville, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Donald W. Hanks*

Licensed Embalmer No. *4528*

P. O. Address *Smithville, Miss.*

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

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