

FILED OCT 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35151

State File No. _____
Registrar's No. 421

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscott</u>		
b. CITY OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>3 Weeks</u>	c. CITY OR TOWN <u>Peach Orchard</u>		0789
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <u>William Lonzo Rollins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 8 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-7-1894</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Logan County, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Tom Rollins</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Stinnett</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Rollins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Rollins</u> ADDRESS <u>Peach Orchard, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>10-26-53</u>		19b. MAJOR FINDINGS OF OPERATION _____		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) <u>151X</u>		
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 <u>9-26</u> , 19 <u>53</u> , to <u>10-8</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-8</u> , 19 <u>53</u> , and that death occurred at <u>1:45</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>W. H. Minchell, M.D.</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>10-12-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-9-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graves Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Delaware, Arkansas</u>		
DATE REC'D BY LOCAL REG. <u>10/12/53</u>		REGISTRAR'S SIGNATURE <u>W. H. Minchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd M. Russell, Piggott, Ark.</u> ADDRESS _____	

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

RECEIVED

OCT 19 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd M. Russee

Licensed Embalmer No. 509- Ark

P. O. Address Jiggott, Ark

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.