

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **42454**

FILED JAN 4 1954

BIRTH NO. _____		REG. DIST. NO. <u>48</u>		PRIMARY REG. DIST. NO. <u>4165</u>		Registrar's No. <u>104</u>	
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gallatin</u>		c. LENGTH OF STAY (In this place) <u>1 1/2</u> Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gallatin</u>		0310	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS <u>---</u> (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Roland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 25 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 7 1879</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linneus, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Albert Bailey</u>		13b. MOTHER'S MAIDEN NAME <u>Mariah Moulin</u>		14. NAME OF HUSBAND OR WIFE <u>George W. Roland (Dec'd)</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lewis Roland, Gallatin, Missouri</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>Cerebral thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of uterus</u> <u>13 months</u> DUE TO (c) <u>diabetes mellitus, diabetic gangrene.</u> <u>3 years</u> 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 <u>174 X</u>				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)		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>now</u> , 19 <u>53</u> , to <u>Dec 25, 1953</u> , that I last saw the deceased alive on <u>Dec 25, 1953</u> , and that death occurred at <u>11:05A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. W. Bailey, D.O.</u>				23b. ADDRESS <u>Gallatin, Mo.</u>		23c. DATE SIGNED <u>12-28-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-27-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cope-Shambaugh Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Weatherby Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-29-53</u>		REGISTRAR'S SIGNATURE <u>Virginia H. Engelhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Peterson</u>		ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

See p. 10 of the instructions

0310

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

*L. O. Richerson*

Licensed Embalmer No.

*3302*

P. O. Address

*Gallatin, Mo.*

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.