

FILED JUN 8 1954

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5580</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jasper</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Twins Grove Sup</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jasper</u>	
c. LENGTH OF STAY (In this place) <u>10 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Waco</u>		d. STREET ADDRESS (If rural, give location) <u>0490</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waco</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Label</u>	b. (Middle) <u>Victoria</u>	c. (Last) <u>Roller</u>	(Month) <u>May</u>	(Day) <u>28</u>	(Year) <u>1951</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>9-11-1877</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 24 HRS. Days <u>11</u>
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>Home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Vernon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>W. K. ...</u>		13b. MOTHER'S MAIDEN NAME <u>W. K. ...</u>		14. NAME OF HUSBAND OR WIFE <u>Ed Roller</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 <u>Ruth Shuey, Waco, Mo.</u>				ADDRESS
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> ----- etc. ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Coronary sclerosis.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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 <u>January, 1952</u> , to <u>May 28, 1954</u> , that I last saw the deceased alive on <u>April 19, 1954</u> , and that death occurred at <u>2:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. E. Stiles</u>				23b. ADDRESS <u>D. O. ? Asbury, Mo.</u>		23c. DATE SIGNED <u>5-31-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-31-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waco Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Waco, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-31-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Junction, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

490

1954 JUN 6 700 P

RECEIVED JUN 7 1954
Jasper County Health Office
County File Number 54-6-445
Date Filed JUN 7 1954

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 *Harry C. Arnold* _____

Licensed Embalmer No. 4465

P. O. Address *W. H. C. Co.*

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.