

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41184**
5687

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

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Leo F. Cooper

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 2 mo. d. FULL NAME OF HOSPITAL OR INSTITUTION DELORA REST HOME		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON c. CITY OR TOWN INDEPENDENCE d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 325 EAST WALNUT 700 S	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) OSCAR c. (Last) ROLEN		4. DATE OF DEATH (Month) (Day) (Year) DEC 11 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 8 1883
9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 10 Days 3	IF UNDER 24 HRS. Hours 10 Min. 3	11. BIRTHPLACE (City and State or Foreign Country) BUCKNER MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES M ROLEN		13b. MOTHER'S MAIDEN NAME MARY L. FOSTER	
14. NAME OF HUSBAND OR WIFE DALE B ROLEN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no. or unknown) NO (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. 496-09-9189	
17. INFORMANT'S SIGNATURE OR NAME Mrs DALE B ROLEN		ADDRESS INDEP 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) Hypertensive Cardio-Vascular disease 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	
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) (Min.)		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>11-23</u>, 19<u>54</u>, to <u>12-10</u>, 19<u>54</u>, that I last saw the deceased alive on <u>12-10</u>, 19<u>54</u>, and that death occurred at <u>5:45 A.M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Leo F. Cooper M.D.		23b. ADDRESS 1220 E. 31st K.C. Mo	
23c. DATE SIGNED 12/11/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 13 1954	
24c. NAME OF CEMETERY OR CREMATORY SIX MILE CEMETERY		24d. LOCATION (City, town, or county) (State) JACKSON Co. Mo.	
DATE REC'D BY LOCAL REG. 12-11-54		25. FUNERAL DIRECTOR'S SIGNATURE Wilton L. Kopy	
REGISTRAR'S SIGNATURE new minshall		ADDRESS Indep Mo	

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.....
Signature of Student Embalmer

Signed.....
Ruben L. Kely

Licensed Embalmer No. 42

P. O. Address.....
Indep

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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