

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2107**

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>14</u>			
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. LENGTH OF STAY (in this place) <u>3 hours</u>		c. CITY OR TOWN <u>Dixon</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>				STREET ADDRESS (If rural, give location) <u>0850</u> <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clifford</u> b. (Middle) <u>M.</u> c. (Last) <u>Rollins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>26</u> <u>1955</u>						
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>X</u>		8. DATE OF BIRTH <u>1/26/1955</u>			
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		Min. <u>8</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dixon, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Henry Rollins</u>			13b. MOTHER'S MAIDEN NAME <u>Opal Gorrell</u>			14. NAME OF HUSBAND OR WIFE <u>X</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Rollins, Dixon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital atelecstasia</u>				ANTECEDENT CAUSES				<u>8 hours</u>	
DUE TO (b) _____				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS <u>Cerebral hemorrhage following normal spontaneous birth.</u>				Conditions contributing to the death but not related to the disease or condition causing death.				<u>8 hours.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7620</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) (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>Jan 26</u> , 19 <u>55</u> , to _____, 19____, that I last saw the deceased alive on <u>Jan 26</u> , 19 <u>55</u> , and that death occurred at <u>3:10p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. J. Gilbert, D.O.</u>				23b. ADDRESS <u>Dixon, Mo.</u>		23c. DATE SIGNED <u>1-27-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/27/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marion County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>1-27-55</u>		REGISTRAR'S SIGNATURE <u>Paula Pope Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert</u>		ADDRESS <u>Dixon, Missouri</u>			

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

Date Filed 8-5-55
File Number
Pulaski County Health Officer

RECEIVED 1-27-55

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 Maurice E. Schuerba

Licensed Embalmer No. 456

P. O. Address Dixon, Missouri

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.