

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27214

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5942 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Rolla Twp.	c. LENGTH OF STAY (in this place) Instant	c. CITY OR TOWN Des Moines	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4 miles west of Rolla, Mo.		f. STREET ADDRESS (If rural, give location) 1157 3rd Street	

3. NAME OF DECEASED (Type or Print) a. (First) Scottie b. (Middle) John c. (Last) Roland	4. DATE OF DEATH September 1, 1955
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5. SEX Male	6. COLOR OR RACE Negroid	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 28, 1934	9. AGE (in years last birthday) 21	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and State or Foreign Country) Des Moines, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Scottie J. Roland	13b. MOTHER'S MAIDEN NAME Vera (Unknown)	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes From 5 Jan 53 to present	16. SOCIAL SECURITY NO. Unknown	INFORMANT'S SIGNATURE OR NAME <i>B. M. Hedger</i> ADDRESS US Army Hospital, Ft. Leonard Wood, Mo.
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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, asphyxia, 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*  ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	1. Complete severance of thoracic aorta. 2. Laceration and contusion right lung. 3. Fractures, multiple of upper and lower extremities.	
	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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 66	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Rolla Phelps Missouri
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21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY Sept 1 1955 4:50 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Auto Accident
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22. I hereby certify that I <sup>saw</sup> ~~intended~~ the deceased <sup>on</sup> ~~from~~ Sept. 1, 1955, ~~at~~ ~~XXXXXXXXXXXX~~, 1955, that I last saw the deceased ~~at~~ ~~XXXXXXXXXXXX~~, 1955, and that death occurred at 4:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Anthony J. Hedger, Capt. M.C.</i>	23b. ADDRESS: U, S Army Hospital, Ft. Leonard Wood, Mo.	23c. DATE SIGNED 1 Sept 55
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24a. BURIAL, CREMA TION, REMOVAL (Specify) Removal	24b. DATE 9-2-1955	24c. NAME OF CEMETERY OR CREMATORY unknown	24d. LOCATION (City, town, or county); (State) Des Moines Iowa
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DATE REC'D BY LOCAL REG. Sept. 1, 1955	REGISTRAR'S SIGNATURE Nadine L. Stoll 380	25. FUNERAL DIRECTOR'S SIGNATURE Billy J. Hedger	ADDRESS Reckland Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer  
County File Number 210  
Date Filed SEP 7 1950

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 *Clarence Thross*.....

Licensed Embalmer No. 489

P. O. Address Waynesville

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.