

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED SEP 26 1955

State File No. **28938**

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5110** Registrar's No. **74**

1. PLACE OF DEATH a. COUNTY ROLLINGER,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ROLLINGER,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL FILMORE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL FILMORE	
c. LENGTH OF STAY (In this place) 77 YEARS		d. STREET ADDRESS (If rural, give location) GLEN ALLEN, MO-	
d. FULL NAME OF HOSPITAL OR INSTITUTION GLEN ALLEN			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) W. c. (Last) ROLLINGER,			4. DATE OF DEATH (Month) (Day) (Year) 9-10-55		
5. SEX M	6. COLOR OR RACE W-	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-26-1878	9. AGE (In years last birthday) 77	10. UNDER 1 YEAR 10 MONTHS 15 DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) GLEN ALLEN, MO-	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME EMRO ROLLINGER	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE NORA ROLLINGER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME NORA ROLLINGER	ADDRESS GLEN ALLEN, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Osteoarthritis & pulmonary metastasis		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 196 X		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Aug 10, 1955**, to **Sept 10, 1955**, that I last saw the deceased alive on **Sept 9, 1955**, and that death occurred at **10:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) of Evelyn L. Price, D.O.	23b. ADDRESS Lutesville, Missouri	23c. DATE SIGNED 9-19-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-12-55	24c. NAME OF CEMETERY OR CREMATORY KINDER CEMETERY	24d. LOCATION (City, town, or county) (State) GLEN ALLEN, MO.
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DATE REC'D BY LOCAL REG. Sept 22 1955	REGISTRAR'S SIGNATURE Willie C. Lamb	25. FUNERAL DIRECTOR'S SIGNATURE Shelley Bell City, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Charles E. Mungle

Licensed Embalmer No. *4897*

P. O. Address *Cape Girardeau, 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.