FILED MAY 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12260

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY: Audrain Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico, Mo.
c. LENGTH OF STAY (in this place): 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Audrain Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: Callaway
c. CITY OR TOWN: Fulton, Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): BERTHA
b. (Middle):
c. (Last): ROLLAND

4. DATE OF DEATH (Month) (Day) (Year): APRIL 23 1956

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 18-1879
9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Private Home
11. BIRTHPLACE (City and State or Foreign Country): Auxvasse, Mo.
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Willis Guest
13b. MOTHER'S MAIDEN NAME: Susie Fame
14. NAME OF HUSBAND OR WIFE: Jeff Rolland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-10-2320
17. INFORMANT'S SIGNATURE OR NAME: Myrtle Worley
ADDRESS: Mexico 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis — 1 year
DUE TO (c) Chronic Myocarditis — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 5 years

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: 4221
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/28, 1956, *to* 4/23, 1956 *that I last saw the deceased alive on* 4/23, 1956, *and that death occurred at* 1 00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Thomas L. Dwyer, M.D.
23b. ADDRESS: Mexico, Mo.
23c. DATE SIGNED: 4/25/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/26/56
24c. NAME OF CEMETERY OR CREMATORY: Wellsville Cemetery
24d. LOCATION (City, town, or county) (State): Wellsville Mo.

DATE REC'D BY LOCAL REG.: April 25-1956
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: Mrs Stuart Parker
ADDRESS: 104 4th St. Columbia Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 11 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Edward H. Krueger, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward H. Krueger

Licensed Embalmer No. 49

P. O. Address Columbia,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.