

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30922**

FILED OCT 3 1956

Registrar's No. **4008**

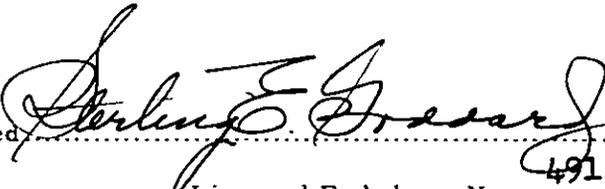
BIRTH NO. _____		REG. DIST. NO. <b>189</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>4008</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>6 hours</b>		c. CITY OR TOWN <b>Grandview</b>		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 <b>St. Joseph Hospital</b>				STREET ADDRESS (If rural, give location) <b>1403 High Grove Road</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b>		b. (Middle) <b>Warren</b>		c. (Last) <b>Rollins</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9 8 56</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>29 July 1915</b>	
9. AGE (In years last birthday) <b>41</b>		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) <b>Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Heavy Machinery</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Grandview Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Leslie Rollins</b>		13b. MOTHER'S MAIDEN NAME <b>Susie Ervin</b>		14. NAME OF HUSBAND OR WIFE <b>Evelyn Rollins</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>496 01 5358</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Evelyn Rollins, 1403 High Grove Road</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiovascular Collapse</b>				INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Alcoholism, acute</b>				<b>18 hrs</b>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>2220</b>	
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)		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 <b>Sept 8, 1956</b> , to <b>Sept 8, 1956</b> , that I last saw the deceased alive on <b>Sept 8, 1956</b> , and that death occurred at <b>2:00 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Sam D. Hooper</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Grandview, Mo.</b>		23c. DATE SIGNED <b>Sept 8, 56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-10-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Noland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hickman Mills, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>9-12-56</b>		REGISTRAR'S SIGNATURE <b>Reva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. K. George &amp; Sons Inc, Grandview, Mo.</b>			

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.....  
Signature of Student Embalmer

Signed  4911  
Licensed Embalmer No.....

P. O. Address Grandview, Mi.....

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.