

FILED APR 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12026

STATE FILE NUMBER

Registration District No. Primary Registration District No. 4024 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cassville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Seligman		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION Community Hosp.			Length of stay in lb 5 days		d. STREET ADDRESS 0050 (If outside, give location) 0		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) JOE				First JOE		Middle		Last ROLLER		4. DATE OF DEATH April 16, 1957 Month Day Year					
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 2, 1877		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer				10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and state or country) Arkansas				12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME Allen Roller						14. MOTHER'S MAIDEN NAME Mary Gann									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown				16. SOCIAL SECURITY NO.		17. INFORMANT Address Thomas Roller-Decatur, Arkansas									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia										INTERVAL BETWEEN ONSET AND DEATH 24 hrs					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Vascular Accident										5 1/2 days					
DUE TO (c) Arteriosclerotic Heart Disease										Unknown					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 4200										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)												
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.															
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE				
21. I attended the deceased from 4-12-1957 to 4-16-57 and last saw her ^{him} alive on 4-16-1957 Death occurred at 9 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE Thomas E. Criddle, D.O.						22b. ADDRESS Cassville, Mo.						22c. DATE SIGNED 4/17/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 4-21-1957		23c. NAME OF CEMETERY OR CREMATORY Cargile Cemetery			23d. LOCATION (City, town, or county) (State) Washburn, Missouri							
24. FUNERAL DIRECTOR Culver's				ADDRESS Cassville, Missouri			25. DATE RECD. BY LOCAL REG. 4-27-1957		26. REGISTRAR'S SIGNATURE Grace Williams						

(Licensed Embalmer's Statement on Reverse Side)

Health,
& Welfare
Public
ServiceS. 300
V. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Securing the medical certification in the specific manner required by 193.140 works 1947.

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 457-73

DATE REC. 4-29-57

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 Paul D. Neubert

Licensed Embalmer No. 452

P. O. Address Cassville

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.