

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20772

STATE FILE NUMBER

FILED JUL 15 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 594A

300
-57
4

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield 0396		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vaughan Rest Home		Length of stay in 1b 4 yrs.	d. STREET ADDRESS (If outside, give location) 629 S. Campbell		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELLIOTT Middle Last ROLLER			4. DATE OF DEATH Month July Day 4 Year 1957		
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 Sept. 28, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
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) Seligman, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Roller		13b. MOTHER'S MAIDEN NAME Sarah Jane Herd		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Francis Roller Jr. 2521 Sunset Terrace		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure					INTERVAL BETWEEN ONSET AND DEATH 4 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic myocarditis DUE TO (c) arteriosclerotic cardio-vascular disease					unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221					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 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 Springfield Greene Mo.			
21. I attended the deceased from June 4 '54 to July 4, 1957 and last saw him alive on July 3 '57 Death occurred at 5:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) D. C. Selsby M.D.			22b. ADDRESS 609 Cherry St.		22c. DATE SIGNED July 5 '57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 6, 1957	23c. NAME OF CEMETERY OR MATORY Seligman Cemetery	23d. LOCATION (City, town, or county) (State) Seligman, Mo.		
24. FUNERAL DIRECTOR ADDRESS Pogue Funeral Home Wheaton, Mo.		25. DATE RECD. BY LOCAL REG. 7-8-57	26. REGISTRAR'S SIGNATURE Etha Williams		

MEDICAL CERTIFICATION
D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Greene

No.

Greene

x

Springfield

x

Springfield

x

622 S. Campbell

Vaughan Rest Home 4 yrs.

July 4, 1927

July 4, 1927

ELLIOTT

ELLIOTT

72

Sept. 28, 1877

x

White

Male

U.S.A.

Selkman, Mo.

Farm

Farmer

Deceased

Sarah Jane Herd

George Rolfer

Francis Rolfer Jr. 2521 Sunset Terrace

no

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 *Lee Mason*

July 4, 1927

A

Licensed Embalmer No. 4568

P. O. Address Springfield, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Poste Funeral Home Weston, Mo.