

Health,
Welfare
Public
Service

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31486
STATE FILE NUMBER
Registrar's No. 877

Registration District No. 128 Primary Registration District No. 2000

300
-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Springfield TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Length of stay in lb 35 yrs.	d. STREET ADDRESS (If outside, give location) 2500 Mt. Vernon Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Hugh Middle L. Last Roland			4. DATE OF DEATH Month Sept. Day 5 Year 1957			
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 20, 1894	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 39 Days 4	IF UNDER 24 HRS. Hours 4 Min. 39
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car-man	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Webster County, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Thomas Roland	13b. MOTHER'S MAIDEN NAME Della Melton	14. NAME OF HUSBAND OR WIFE Joyce Roland
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 702-07-5040	17. INFORMANT Address Mrs. Joyce Roland-Springfield, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary heart disease		INTERVAL BETWEEN ONSET AND DEATH 30.4 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - 4201		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.)
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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
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21. I attended the deceased from 1955 to 9-5-57 and last saw him alive on 9-5-57 Death occurred 11:45 a. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE S Blummond MD (Degree or title)	22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 9-6-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-7-1957	23c. NAME OF CEMETERY OR CREMATORY Timber Ridge Cem.	23d. LOCATION (City, town, or county) (State) Webster County, Mo.
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24. FUNERAL DIRECTOR Ray Gann ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 9-10-57	26. REGISTRAR'S SIGNATURE Edith Williamson
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

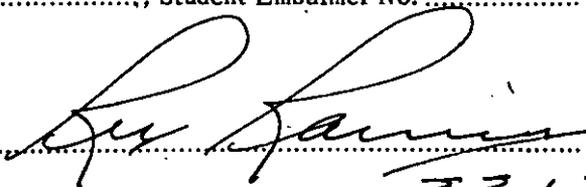
All diseases in Part I must be causally related.

SEP 17 1951

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  _____

Licensed Embalmer No. 331
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.