

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009400
State File No.

FILED MAR 28 1958

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 3423 Registrar's No. 10

3
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give town) Rural - Senath		c. LENGTH OF STAY (In this place) c. CITY OR TOWN Kennett	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 St. Francis River		e. STREET ADDRESS (If rural, give location) 1001 Henderson 0353	
3. NAME OF DECEASED (Type or Print) a. (First) Marlis		b. (Middle) _____	c. (Last) Rollings
4. DATE OF DEATH (Month) (Day) (Year) 3-14-1958		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 6-11-1929		9. AGE (In years last birthday) 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Insurance		10b. KIND OF BUSINESS OR INDUSTRY Life & Accident	
11. BIRTHPLACE (City and State or Foreign Country) Greene County, Arkansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Turner Rollings		13b. MOTHER'S MAIDEN NAME Valah Weatherly	
14. NAME OF HUSBAND OR WIFE Mozella Wright Rollings		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 430-46-3644		17. INFORMANT'S SIGNATURE OR NAME MRS MOZELLA ROLLINGS	
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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning		ADDRESS 1001 HENDERSON - KENNETT	
ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 950X		2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 42	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Francis River	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Senath, Dunklin, Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-14-58 2:30p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Boat Overturned 935			
22. I hereby certify that I attended the deceased from <u>about 10</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:40p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Quinton Tarver		23b. ADDRESS Kennett, Missouri	
23c. DATE SIGNED 3-17-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-17-1958	
24c. NAME OF CEMETERY OR CREMATORY Providence		24d. LOCATION (City, town, or county) (State) RFD, Paragould, Arkansas	
DATE REC'D BY LOCAL REG. 3-24-1958		REGISTRAR'S SIGNATURE Mrs. J. H. Ramey	
25. FUNERAL DIRECTOR'S SIGNATURE Verlyn L. Heath		ADDRESS PARAGOULD, ARK.	

Doc J. W. Jarver
8-3523
627 P 2311

MAR 31 1958

APR 24 1958

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 VERLYN L. HEATH, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Verlyn L. Heath

Licensed Embalmer No. 543

P. O. Address PARAGOULD

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.