

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028757
STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 4190 Registrar's No. 29

FILED AUG 25 1958

1. PLACE OF DEATH a. COUNTY <u>Discovade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Discovade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BLAND</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>BLAND</u> <u>0376</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AT home</u> Length of stay in 1b <u>33 yrs</u>		d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Jesse Franklin Rollins</u> First Middle Last			4. DATE OF DEATH <u>Aug 13-1958</u> Month Day Year
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 14-1880</u> Month Day Year
9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Worker</u>	
100. KIND OF BUSINESS OR INDUSTRY <u>Shoe Industry</u>		11. BIRTHPLACE (City and state or country) <u>Osage County-Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Darvis Rollins</u>	
14. MOTHER'S MAIDEN NAME <u>Mary E Cox</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Narvey Rollins</u> Address <u>Jefferson City Missouri</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Prostatectomy 2 wks ago</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		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 <u>1-58</u> to <u>8-13-58</u> and last saw her alive on <u>8-10-58</u> Death occurred at <u>about 3 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree optional) <u>Charles Shum of Md.</u>		22b. ADDRESS <u>General Res</u>	
22c. DATE SIGNED <u>8-16-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>Aug 16-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	
23d. LOCATION (City, town, or county) <u>BLAND-Missouri</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>Charles Sarason</u> ADDRESS <u>BLAND, MO</u>		25. DATE RECD. BY LOCAL REG. <u>August 16, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Marvin Jappmeyer</u>			

Health, Welfare Public Service

300 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

AUG 25 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Cherte Sussman*

Licensed Embalmer No. *41*

P. O. Address *Blond-*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.