Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008086
STATE FILE NUMBER

FILED FEB 20 1959 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Sikeston — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Delta Comm. Hosp. — Length of stay in Ib: 4 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Mississippi
c. CITY OR TOWN: Charleston — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route #2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: WILLIAM Middle: HENRY Last: ROLWING

4. DATE OF DEATH: Month: 2 Day: 6 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1-23-1889

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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: Farming

11. BIRTHPLACE (City and state or country): Charleston, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Rolwing

13b. MOTHER'S MAIDEN NAME: Francis Brickman

14. NAME OF HUSBAND OR WIFE: Mary Carlisle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 498 40 3331

17. INFORMANT: Mrs. Mary Rolwing, Charleston, Mo. (Address)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 412.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture, compound, ulna R; rachitis, R. arm. ribs, 12. 3

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ Part II ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Farm. Corn sheller caught R. arm.

20c. TIME OF INJURY: Hour: 9 a.m. Month, Day, Year: 2 3 59

20d. INJURY OCCURRED WHILE AT WORK ☒ **NOT WHILE AT WORK** ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm

20f. CITY, TOWN, OR LOCATION: Mississippi **COUNTY**: Mississippi **STATE**: Mo.

21. I attended the deceased from 2/3/59, to 2/6/59 and last saw her/him alive on 2/5/59
Death occurred at 4:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William J. Rigginn, MD.

22b. ADDRESS: Sikeston, Mo.

22c. DATE SIGNED: 2/7/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2/9/1959

23c. NAME OF CEMETERY OR CREMATORY: Texas Bend Cemetery

23d. LOCATION (City, town, or county) (State): RFD#2 4 mi No Charleston, Mo

24. FUNERAL DIRECTOR (Name or firm): THE NUNELEE FUNERAL CHAPEL — ADDRESS: Charleston, Mo.

25. DATE RECD. BY LOCAL REG.: 2-12-59

26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1959

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 Philip J. Cassedy

Licensed Embalmer No. 4618

P. O. Address Sikeston, 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.