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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016680

FILED MAY 22 1959

Registration District No. 11 Primary Registration District No. 4024 STATE FILE NUMBER 39 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE. (Where deceased lived. If in institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY OR TOWN <u>Cassville</u> (If outside corporate limits give TOWNSHIP only) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Purdy</u> <u>0050</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cassville Hospital</u>		d. STREET ADDRESS <u>S.E. of Purdy</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b <u>6 days</u>			

3. NAME OF DECEASED (Type or print) First <u>Homer</u> Middle <u>Archie</u> Last <u>Roller</u>			4. DATE OF DEATH Month <u>May</u> Day <u>11</u> Year <u>1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 17-1887</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer and Stockman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and state or country) <u>Purdy, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Marion Roller</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Edwards</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or no, unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>4331</u>	17. INFORMANT <u>Perry A. Roller</u> Address <u></u>
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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) <u>Coronary Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerosis</u>		<u>Unknown</u>
	DUE TO (c) <u></u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) <u>-</u>
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>
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21. I attended the deceased from <u>5/11/59</u> to <u>5/11/59</u> and last saw <u>him</u> alive on <u>5/11/59</u> Death occurred at <u>300</u> on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Perry A. Roller Sr</u> (Degree or title) <u>Dr</u>	22b. ADDRESS <u>Purdy Mo</u>	22c. DATE SIGNED <u>5/11/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 14-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Arnhart Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>E. of Purdy Mo</u>
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24. FUNERAL DIRECTOR <u>Bennett-Warrington, Monett Mo.</u> ADDRESS <u></u>	25. DATE RECD. BY LOCAL REG. <u>5-16-59</u>	26. REGISTRAR'S SIGNATURE <u>Mary McDonald, Deputy</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

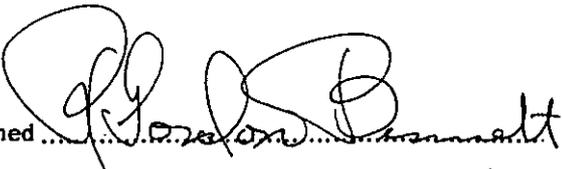
MEDICAL CERTIFICATION

An abuse of this form must be causally related.

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. 4213
P. O. Address Monnett, M.

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.