

STANDARD CERTIFICATE OF DEATH

59-021864

FILED JUL 2 1959

Registration District No. 154 Primary Registration District No. 5575 STATE FILE NUMBER Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Washington Sup Martin City		c. CITY OR TOWN Martin City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 135th & Charlotte		d. STREET ADDRESS (If outside, give location) 135th & Charlotte	
Length of stay in lb 31 YRS.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Lula D. Roller			4. DATE OF DEATH Month Day Year June 26, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 25, 1881
9. AGE (In years at birthday) 78		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) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Her Self	11. BIRTHPLACE (City and state or country) CLARKVILLE MO.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME DANIEL WITTNER	
13b. MOTHER'S MAIDEN NAME EMMA HOUG		14. NAME OF HUSBAND OR WIFE EMMETT E. ROLLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT GAYLORD G. ROLLER 8820 CATALINA
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor Pulmonale, Right heart failure			INTERVAL BETWEEN ONSET AND DEATH 5020
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severe Pulmonary fibrosis, emphysema and chronic asthma. marked			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) Cardiac Hypertrophy, Bronchitis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cyanosis, dependent edema, left inguinal hernia			
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) none	
20c. TIME OF INJURY Hour Month, Day, Year none		20d. INJURY OCCURRED WHILE AT HOME OR AT WORK <input type="checkbox"/> <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-18-1947 to 6-26-59 and last saw her alive on 6-26-59 Death occurred at her home 2:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hervey Jennett, M.D.		22b. ADDRESS 1500 Professional Bldg Kansas City, Mo	
22c. DATE SIGNED 6-27-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 29, 1959	
23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR D. W. Newcomer's Sons		25. DATE REC'D. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 6/28/59 Herling E. Goodard	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. 4421

P. O. Address Kansas

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.