

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026185

FILED VS AUG 13 1959

Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 140

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arlington		Length of stay in 1b Trans.		c. CITY OR TOWN Salem		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gasconade River at Jerome Bridge.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS rt 3 (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Martin Middle - Last Roller				4. DATE OF DEATH Month August Day 5 Year 1959					
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-18-45	9. AGE (last birthday) 14	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) schoolboy			10b. KIND OF BUSINESS OR INDUSTRY x		11. BIRTHPLACE (City and state or country) Dent Co Missouri		12. CITIZEN OF WHAT COUNTRY U S A		
13a. FATHER'S NAME Luther Roller			13b. MOTHER'S MAIDEN NAME Hattie Hogan Roller			14. NAME OF HUSBAND OR WIFE x			
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. x		17. INFORMANT Luther Roller Rt 3 Salem Mo Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Drowning. DUE TO (c)									INTERVAL BETWEEN ONSET AND DEATH Immediate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Drowned while attempting to swim across the river.						
20c. TIME OF INJURY 3:55PM Hour 8-5-59 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Gasconade River		20f. CITY, TOWN, OR LOCATION Jerome		COUNTY Phelps		STATE Mo.,
21. I attended the deceased from _____ to _____ and last saw him/her xxxxx Dead Death occurred at 3:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) S. L. Hill - Paramour				22b. ADDRESS 508 West 8th St., Rolla Mo.,				22c. DATE SIGNED 8-7-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8-7-59	23c. NAME OF CEMETERY OR CREMATORY Cedar Grove		23d. LOCATION (City, town, or county) Salem Dent Co Mo				
FUNERAL DIRECTOR Spenner Funeral Home ADDRESS Salem Mo.				25. DATE RECD. BY LOCAL REG. Aug 7, 1959		26. REGISTRAR'S SIGNATURE Nadine L. Stoll			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David D. Dymna

Licensed Embalmer No. 237

P. O. Address Delmar

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.