

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 4 1961

-60-048458

STATE FILE NUMBER

Registration District No. 330 Primary Registration District No. 336 Registrar's No. 80

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>SHANNON</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WINONA</u>	a. STATE <u>MO.</u>	b. COUNTY <u>SHANNON</u>
Length of stay in 1b		c. CITY OR TOWN <u>WINONA</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>WINONA, HOME</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <u>MATTIE</u>	Middle <u>LEE</u>	Last <u>ROLLINS</u>	Month <u>DEC</u>	Day <u>27</u>	Year <u>1960</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/30/1870</u>	9. AGE (last birthday) <u>90 years</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Poliski, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		
13a. FATHER'S NAME <u>John Morgan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Tidley</u>		14. NAME OF HUSBAND OR WIFE <u>R. R. Rollins</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. <u>NONE</u>	17. INFORMANT <u>George Rollins, Winona Mo.</u>	Address
--	-------------------------------------	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>SENILITY</u>		
DUE TO (b) <u>WITH <del>OUT</del> SENILE DEMENTIA</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

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 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.)
---	---	--

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 DEC 1-60 to DEC 27 and last saw her alive on DEC 27-60  
 Death occurred at 2:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>N. D. Rollins M.D.</u> (Degree or title)	22b. ADDRESS <u>Winona Mo.</u>	22c. DATE SIGNED
--	--------------------------------	------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 29, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PINE LAWN CEMETERY</u>	23d. LOCATION (City, town, or county) <u>WINONA</u> (State) <u>Mo.</u>
---	--------------------------------	--	--

24. FUNERAL DIRECTOR <u>Ernest E. G. Gary, Box 398, Winona,</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 3, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Madeline G. Green</u>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 17 1961

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 Ernest E. Gilroy

Licensed Embalmer No. 5118

P. O. Address Winona, Mn

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.