

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020313

STATE FILE NUMBER

AMENDED

Registration District No. 13
FILED JUN 28 1961Primary Registration District No. 3003 Registrar's No. 93

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Monett	
Length of stay in lb 15 yrs.		Inside Limits Yes No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent Hosp.		d. STREET ADDRESS (If outside, give location) 508 3rd St.	
Reside on Farm Yes No ☐			
3. NAME OF DECEASED (Type or print) First A. Middle Hiram Last Roller		4. DATE OF DEATH Month June Day 18 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 12/10/71
9. AGE (last birthday) 90		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Barry County, Mo.	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Josh Roller		13b. MOTHER'S MAIDEN NAME Nancy Skelton	
14. NAME OF HUSBAND OR WIFE Alice Sooter 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. 12-10-71	
17. INFORMANT Mrs. Bertha Miller		Address Monett, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Emboli DUE TO (b) Arteriosclerotic heart dis DUE TO (c) Gen Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 days ? >	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Bronchopneumonia			
20c. TIME OF INJURY Hour 9:40 P.M. Month 6 Day 18 Year 1961			
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.) 6-1-61 to 6-18-61	
20f. CITY, TOWN, OR LOCATION Monett, Mo.		COUNTY Barry STATE Mo.	
21. I attended the deceased from 6-1-61 to 6-18-61 and last saw him alive on 6-18-61 Death occurred 9:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. E. Edwards (Degree or title) M.D.		22b. ADDRESS Monett, Mo.	
22c. DATE SIGNED 6/19/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/20/61	
23c. NAME OF CEMETERY OR CREMATORY Arnhart Cem.		23d. LOCATION (City, town, or county) Barry County, Mo.	
24. FUNERAL DIRECTOR J. D. Buchanan		25. DATE RECD. BY LOCAL REG. 6-20-61	
ADDRESS Monett, Mo.		26. REGISTRAR'S SIGNATURE Thos P. N. Cook	

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

J. F. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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.