No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3766

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4502 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Stoddard.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Puxico.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Puxico
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): /
b. (Middle):
c. (Last): Clair Thomas Rollings.

4. DATE OF DEATH (Month) (Day) (Year): 1 - 31 - 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): /
8. DATE OF BIRTH: June 19 1942
9. AGE (In years last birthday): 6 — If under 1 year: Months 7, Days 12; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fargo North Dakota /
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Clair T. Rollings
13b. MOTHER'S MAIDEN NAME: Alma Corneiles
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Clair T. Rollings ADDRESS: Puxico Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6, 1942, *to* 1-31, 1949, *that I last saw the deceased alive on* 1-28, 1949, *and that death occurred at* 12 Noon *m., from the causes and on the date stated above.*

23a. SIGNATURE: V. H. Skillings (Degree or title): D.D.
23b. ADDRESS: Puxico Mo.
23c. DATE SIGNED: 1-31-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 3 49
24c. NAME OF CEMETERY OR CREMATORY: Montevideo
24d. LOCATION (City, town, or county) (State): Montevideo Minn.

DATE REC'D BY LOCAL REG.: 1-31-49
REGISTRAR'S SIGNATURE: Floye Morgan 358
25. FUNERAL DIRECTOR'S SIGNATURE: Watkins Funeral Home ADDRESS: Puxico Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No
District File Number 249-
Date Filed 2-4-

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 .....
Student Embalmer

Signed Lyman Steele
Licensed Embalmer No. 2476
P. O. Address Dexter 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 this body is not embalmed, fact should be so stated above.