

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8731

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 100

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, write RURAL and give OR TOWN Independence	c. LENGTH OF STAY (In this place) 11 months	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION O'Roark Convalescent Home 1525 Sterling		d. STREET ADDRESS (If rural, give location) 2619 E. 59th St.	

3. NAME OF DECEASED (Type or Print) a. (First) Jerald b. (Middle) Pace c. (Last) Rollins			4. DATE OF DEATH (Month) (Day) (Year) March 14, 1949		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH March 21, 1936	9. AGE (In years last birthday) 12	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ducherne, Utah		12. CITIZEN OF WHAT COUNTRY? American	
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13a. FATHER'S NAME Joseph C. Rollins		13b. MOTHER'S MAIDEN NAME Beryl Pace		14. NAME OF HUSBAND OR WIFE none	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maj. Joseph C. Rollins, Kansas City, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post Convulsive Respiratory arrest		DUPLICATE		30 min	
		ANTECEDENT CAUSES		DUPLICATE			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE		Approx 10 years	
		DUE TO (b) Right spastic hemiplegia		DUPLICATE		12 years	
		DUE TO (c) Congenital Cerebellar Ataxia		DUPLICATE			
		II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE			
		Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7531				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1/27, 1949, to 3/14, 1949, that I last saw the deceased alive on 3/14, 1949, and that death occurred at 12:00P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Harrison M.D.		23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 3/15/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3/16/49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Delta, Utah.	
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DATE REC'D BY LOCAL REG. Mar 16 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. G. Cannon Independence, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.