

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19243**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5466** Registrar's No. **573**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) Rural—South Campbell Twp		c. CITY (If outside corporate limits, write RURAL and give township) MONETT	
c. LENGTH OF STAY (in this place) 6 DAYS		d. STREET ADDRESS (If rural, give location) 300 6th ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION OZARK OSTEOPATHIC HOSPITAL			

3. NAME OF DECEASED a. (First) GERTIE b. (Middle) URSULA c. (Last) ROLLER			4. DATE OF DEATH (Month) (Day) (Year) JUNE 27 1949		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG 5, 1872	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (State or foreign country) EARLVILLE IOWA.	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JOHN P. HESS		13b. MOTHER'S MAIDEN NAME MARGARET TAKALON		14. NAME OF HUSBAND OR WIFE JAMES L. ROLLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME MRS. BERTIE ROLLER, MONETT, MO.	
				ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperstatic Pneumonia			581A
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholecystectomy & Appendectomy.			
		DUE TO (c) Cholecystitis and Appendicitis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 6-24-49		19b. MAJOR FINDINGS OF OPERATION Cholecystitis and Appendicitis			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **JUNE 21, 1949**, to **JUNE 27, 1949**, that I last saw the deceased alive on **JUNE 27, 1949**, and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE William P. Handley M.D. (Degree or title)		23b. ADDRESS SPRINGFIELD, MO. 700 E. SUNSHINE		23c. DATE SIGNED 6-27-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 30 1949		24c. NAME OF CEMETERY OR CREMATORY D.O.F. Cemetery	
24d. LOCATION (City, town, or county) (State) Monett Mo		25. FUNERAL DIRECTOR'S SIGNATURE Dillon Funeral Home - Monett ADDRESS _____			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 6-30-49 W.S. Handley M.D.					

(Licensed Embalmer's Statement on Reverse Side)

MO.

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 _____

David Dillon

Signed.....
Student Embalmer

Licensed Embalmer No. 3898

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 this body is not embalmed, fact should be so stated above.