

FILED OCT 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29161

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 287

1. PLACE OF DEATH  
a. COUNTY ADAIR  
b. CITY OR TOWN KIRKSVILLE (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) 6 yrs.  
d. FULL NAME OF HOSPITAL OR INSTITUTION COMMUNITY NURSING HOME #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Adair  
c. CITY OR TOWN KIRKSVILLE  
d. STREET ADDRESS 3 D

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Procter c. (Last) Rollins  
4. DATE OF DEATH (Month) (Day) (Year) 9 28 1949

5. SEX M 6. COLOR OR RACE Wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH Nov 8 1855 9. AGE (In years last birthday) 93 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 4 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (State or foreign country) Memphis, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wells Lee Rollins 13b. MOTHER'S MAIDEN NAME Keturah Anna Knatt 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 Minnie Inuit ADDRESS Kirksville Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Anoxia INTERVAL BETWEEN ONSET AND DEATH 6 hours  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Anemia 24 hours  
DUE TO (c) Generalized Arteriosclerosis Unknown  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

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) 4570

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 7-10, 1943, to 9-24, 1949, that I last saw the deceased alive on 9-24, 1949, and that death occurred at 12:15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. T. Hutenshah D.D. 23b. ADDRESS Kirksville Mo 23c. DATE SIGNED 9-25-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9-25-49 24c. NAME OF CEMETERY OR CREMATORY Highland Park 24d. LOCATION (City, town, or county) (State) Kirksville, Mo

DATE REC'D BY LOCAL REG. 9-28-49 REGISTRAR'S SIGNATURE Kate Lambert 25. FUNERAL DIRECTOR'S SIGNATURE Robert B. Davis ADDRESS Kirksville

RECEIVED OCT 3 1949  
District Health Officer No. 10  
District File Number 18-49-1692  
Date Filed OCT 3 1949

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

*Jack H. Dooly*

Licensed Embalmer No. *4619*

P. O. Address *Kirkville, 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.