

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31370

BIRTH NO. 59749-49 REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) STEPHEN b. (Middle) ANDRA c. (Last) ROLLINS			4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH 9/8/49		9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Louisiana, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Tommy Rollins		13b. MOTHER'S MAIDEN NAME Laura Fay Donahoo	
14. NAME OF HUSBAND OR WIFE none		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. -----	
17. INFORMANT'S SIGNATURE OR NAME Tommy Rollins--Louisiana, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH 9/7/49 Date of Birth	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH 9/7/49 Date of Birth	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Enlarged Thyroid		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 9/7/49 to 9/8/1949, that I last saw the deceased alive on 9/8/49, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE ROBERT L. ANDRAE, M.D. (Degree or title)		23b. ADDRESS Louisiana, Mo.		23c. DATE SIGNED 9/9/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9/9/49		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	
24d. LOCATION (City, town, or county) (State) Louisiana, Missouri		DATE REC'D BY LOCAL REG. Sept 9, 1949		REGISTRAR'S SIGNATURE Bernice Collier	

25. FUNERAL DIRECTOR'S SIGNATURE 374 Sterne Funeral Home--Louisiana, Mo.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 21 1949

RECEIVED

District Health Officer No. 10

District File Number 9-49-1603

Date Filed SEP 21 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 J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.