

FILED NOV 22 1950

STANDARD CERTIFICATE OF DEATH

37541

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Cameron</u> <u>0251</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>624 Meade</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Lee</u> c. (Last) <u>Rolfe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11</u> <u>10</u> <u>50</u>			
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 10 1881</u>	9. AGE (In years last birthday) <u>69</u>	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) <u>P.O. Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clerk</u>		11. BIRTHPLACE (State or foreign country) <u>Cameron MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Watson Rolfe</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Murray</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Rolfe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Eva Rolfe</u> ADDRESS <u>Cameron MO</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		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.		<u>4201</u>	

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 11-6, 1950, to 11-10, 1950, that I last saw the deceased alive on 11-10, 1950, and that death occurred at 9:26 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Lee Cooper MD</u>		23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>11-10-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>( )</u>		24b. DATE <u>11-14-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graceland</u>	
				24d. LOCATION (City, town, or county) (State) <u>Cameron Mo</u>	

DATE REC'D BY LOCAL REG. <u>Nov. 10-50</u>		REGISTRAR'S SIGNATURE <u>Savannah Dentler</u>		25 FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u> ADDRESS <u>Cameron</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

512

1950

RECEIVED  
NOV 14 1950  
JOHNSON COUNTY HEALTH DEPT.

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 *Robert Poland*

Licensed Embalmer No. *4777*

P. O. Address *222 Whit St  
Camden 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.