

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1656

FILED JAN 23 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Jackson Rural, Blue.		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 township) Independence		c. CITY (If outside corporate limits, write RURAL and give township) Independence Rural, Blue.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3605 Norwood 0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3605 Norwood			

3. NAME OF DECEASED (Type or Print)	a. (First) Warner	b. (Middle) Criss	c. (Last) Rolls	4. DATE OF DEATH (Month) (Day) (Year) January 4, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 10, 1889	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 5 Days 24	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Sheffield Steel	11. BIRTHPLACE (State or foreign country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Criss W. Rolls	13b. MOTHER'S MAIDEN NAME Elizabeth Koffler	14. NAME OF HUSBAND OR WIFE Bessie L. Rolls
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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) No	16. SOCIAL SECURITY NO. 487-05-3911	17. INFORMANT'S SIGNATURE OR NAME Bessie L. Rolls	ADDRESS Indep. Missouri
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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 18 months 10 years 10 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		
	"ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Valvular lesions</u> DUE TO (c) <u>Cardiac hypertrophy</u>		
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 4214	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT <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 Jan 12, 1952, to Jan 5, 1952, that I last saw the deceased alive on Jan 4, 1952, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Oliver F. Leurs</u> (Degree or title) D.O.	23b. ADDRESS <u>220 1/2 W. Lexington</u>	23c. DATE SIGNED <u>1-8-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 9, 1952	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Jackson Co., Missouri
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DATE REC'D BY LOCAL REG. <u>Jan. 8-1952</u>	REGISTRAR'S SIGNATURE <u>Roland R. Speaks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Speaks</u>	ADDRESS <u>Indep. Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

440

JAN 1. 1 REC'D

MAR 1 8 1932

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 Richard R. Francis

Licensed Embalmer No. 4863

P. O. Address Independence, Missouri

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.