

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7277**

FILED APR 15 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5043 Registrar's No. 41

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Barry</b>  b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Rural-Seligman</b> c. LENGTH OF STAY (in this place)  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural-Seligman</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Purdy, Missouri</b>  d. STREET ADDRESS (If rural, give location)	
<b>3. NAME OF DECEASED</b> (Type or Print)      a. (First) <b>Jacob</b> b. (Middle) <b>Wesley</b> c. (Last) <b>Roller</b>		<b>4. DATE OF DEATH</b> (Month)      (Day)      (Year) <b>3-26-1952</b>	
<b>5. SEX</b> <b>6. COLOR OR RACE</b> <b>Male</b> <b>white</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>widowed</b>	
<b>8. DATE OF BIRTH</b> <b>12-26-1869</b>		<b>9. AGE</b> (In years last birthday) <b>82</b> <b>10. UNDER 1 YEAR</b> (Months) <b>0</b> <b>11. UNDER 24 HRS.</b> (Hours) <b>0</b> <b>12. UNDER 5 MIN.</b> (Minutes) <b>0</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b>	
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>Jacob W. Roller</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Catherine Arnhart</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>unknown</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)      (If yes, give war or dates of service) <b>no</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>unknown</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>ADDRESS</b> <b>Levi Roller-Rogers</b> <b>Arkansas</b>	
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> 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.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Heart Attack</b>  <b>ANTECEDENT CAUSES</b> DUE TO (b) <b>over exertion</b> DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4343</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Accident</b>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Barnes Cemetery</b>	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Barry Missouri</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>3-26-52 2 P.</b>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <b>fighting grass fire in cemetery-over exerted</b>			
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased on <u>3-26-52</u>, and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Paul D. Henbest Coroner</b>		<b>23b. ADDRESS</b> <b>Cassville, Missouri</b>	
<b>23c. DATE SIGNED</b> <b>3-27-52</b>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>3-29-1952</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Barnes Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Barry County, Missouri</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>4-8-1952</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Grace Williams</b>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Paul D. Henbest</b>		<b>ADDRESS</b> <b>Cassville, Mo</b>	

APR 26 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 Paul D. Kenbest

Licensed Embalmer No. 45-76

P. O. Address Cassville, 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.