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FILED JAN 27 1953

STANDARD CERTIFICATE OF DEATH

14394

State File No.

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5044 Registrar's No. 7

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

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Polk Twn township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Polk Twn <u>0030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 10 Mi N W of Tarkio		d. STREET ADDRESS (If rural, give location) 10 Mi N W of Tarkio <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Ella b. (Middle) Maria c. (Last) Rolf	4. DATE OF DEATH (Month) Dec- (Day) 30- (Year) 1952
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5. SEX Female	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Never married	8. DATE OF BIRTH Sept-16-1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HOURS Hours	IF UNDER 24 HOURS Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Gen House Work	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME Christian R Rolf	13b. MOTHER'S MAIDEN NAME Lena Kahle	14. NAME OF HUSBAND OR WIFE Never married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME A. H. Rolf, ADDRESS Tarkio, Mo
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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 5 months
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro vascular accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic hypertension DUE TO (c) cardio vascular disease		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 3/6/50 12/30/52
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22. I hereby certify that I attended the deceased from ~~2/15/53~~ **3/6/50** to ~~2/15/53~~ **12/30/52**, 19___, that I last saw the deceased alive on ~~2/15/53~~ **12/5/51**, and that death occurred at ~~Atchison, Mo~~ **Atchison, Mo** from the causes and on the date stated above.

23a. SIGNATURE E. Wedermeyer, M.D. (Degree or title)	23b. ADDRESS Atchison, Mo.	23c. DATE SIGNED 1/22/53
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Jan-1-1953	24c. NAME OF CEMETERY OR CREMATORY St Johns	24d. LOCATION (City, town, or county) (State) Westboro Missouri
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DATE REC'D BY LOCAL REG. Jan 24, 1953	REGISTRAR'S SIGNATURE Therwin J. Schaefer 443-1	25. FUNERAL DIRECTOR'S SIGNATURE Scott Paul ADDRESS Westboro, Mo
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1961 FEB 10/11

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

Ashley R Tucker #II

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Ashley R. Tucker*

Licensed Embalmer No. **4757**

P. O. Address **Westboro, 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.