

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

40483

State File No. \_\_\_\_\_

FILED DEC 27 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4155 Registrar's No. 54-102

<b>1. PLACE OF DEATH</b> a. COUNTY <u>DADE COUNTY</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>EVERTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>EVERTON</u>	
c. LENGTH OF STAY (in this place) <u>2 MOS</u>		d. STREET ADDRESS (If rural, give location) <u>EVERTON, MISSOURI</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EVERTON, MISSOURI</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>MARSHALL</u> b. (Middle) <u>INGERSOLL</u> c. (Last) <u>ROLLER</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>DEC. 5, 1954</u>		
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>JAN. 28, 1884</u>		<b>9. AGE</b> (In years) (Months) (Days) (Hours) (Min.) <u>70</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>FARMING</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>BENTON COUNTY, ARK.</u>	
<b>13a. FATHER'S NAME</b> <u>JACK ROLLER</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>RUTH REED</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>LIZZIE ROLLER</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNK</u>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>MRS LIZZIE ROLLER, EVERTON, MO.</u>	
<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>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Occlusion</u>  <b>ANTECEDENT CAUSES</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Coronary sclerosis</u>  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>immed.</u>  <u>years</u>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from** 9-13, 1954, **to** 1-20-54, 1954, **that I last saw the deceased alive on** 9-23, 1954, **and that death occurred at** \_\_\_\_\_ **m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>R. O. Martin D. O.</u>	<b>23b. ADDRESS</b> <u>709 Joplin St. Joplin Mo</u>	<b>23c. DATE SIGNED</b> <u>12-9-1954</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>12-8-54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>FAIRVIEW CEMETERY</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>12-16-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>J. C. Canada</u> <u>478</u>	<b>5. FUNERAL DIRECTOR'S SIGNATURE</b> <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>	<b>ADDRESS</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48  
290

n 290

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *F. M. Jones*.....

Licensed Embalmer No. *2319*.....

P. O. Address *Joplin 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.