

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 8493		Registrar's No. 1003			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).						
a. COUNTY _____					a. STATE Missouri		b. COUNTY Callaway				
b. CITY (If outside corporate limits, write RURAL and give town) 915 N Grand St Louis, Mo.			c. LENGTH OF STAY (in this place) 6 days		c. CITY OR TOWN Fulton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital					e. STREET ADDRESS (If rural, give location) 309 South West 9th st.						
3. NAME OF DECEASED (Type or Print)			a. (First) LUTHER		b. (Middle) _____		c. (Last) ROLEN		4. DATE OF DEATH (Month) (Day) (Year) 9-26-55		
5. SEX MALE		6. COLOR OR RACE COLORED		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 9-16-91		9. AGE (In years last birthday) 64 yrs.		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (City and State or Foreign Country) Shamrock, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Jeff Rolen			13b. MOTHER'S MAIDEN NAME Liza Roberts			14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. WW-1		17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS			ADDRESS _____			
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											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2nd 3rd Degree Burns of lower part of Body.											
ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. burns suffered when deceased was burned while sleeping in bed at home in Fulton Missouri on or about Sept 7, 1955 exact time unknown.											
II. OTHER SIGNIFICANT CONDITIONS (c) burns suffered when deceased was burned while sleeping in bed at home in Fulton Missouri on or about Sept 7, 1955 exact time unknown.											
19a. DATE OF OPERATION _____											
19b. MAJOR FINDINGS OF OPERATION Sept 7, 1955 exact time unknown.											
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
21a. ACCIDENT (Specify) Accident			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home			21c. (CITY, TOWN, OR TOWNSHIP) Fulton (COUNTY) Callaway (STATE) Missouri					
21d. TIME OF INJURY Sept 7 1955 ?			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? E 916:04					
22. I hereby certify that I attended the deceased from 9-20 , 19 55 , to 9-26 , 19 55 , and that death occurred at 11:30a m., from the causes and on the date stated above.											
23a. SIGNATURE Joseph M. Zepher					23b. ADDRESS 1308 Clark			23c. DATE SIGNED 9/27/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/28/55		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Mexico, Missouri					
DATE REC'D BY LOCAL REG. SEP 28 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry ADDRESS 4202 Finney Ave						

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

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.....
Signature of Student Embalmer

Signed *Melvin E. Gu...*

Licensed Embalmer No. *44*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.