

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006459

FILED FEB 19 1958

STATE FILE NUMBER 42  
REGISTRATION DISTRICT NO. 209  
PRIMARY REGISTRATION DISTRICT NO. 3043  
REGISTRAR'S NO.

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>MARION</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>RALLS</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HANNIBAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>NEW LONDON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>711 CHURCH Str</b>		Length of stay in lb <b>Becky Thatcher</b>	d. STREET (If outside, give location) <b>Home</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ISAAC</b> Middle <b>ERRETT</b> Last <b>ROLAND</b>			4. DATE OF DEATH Month <b>FEBRUARY</b> Day <b>11th</b> Year <b>1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPTEMBER 9th 1864</b>		9. AGE (In years less birthday) <b>93</b> IF UNDER 1 YEAR Months <b>2</b> Days <b>12</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER (RET)</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>RALLS COUNTY, MISSOURI</b>	
12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>SAMUEL ROLAND</b>		13b. MOTHER'S MAIDEN NAME <b>SUSAN SHULSE</b>	
14. NAME OF HUSBAND OR WIFE <b>LAURA ROLAND</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>MRS PEARL CONN. NEWLONDON, MO.</b>		Address		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4800</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>Nov - 1 - 57</b> to <b>2 - 11 - 58</b> and last saw <sup>her</sup> him alive on <b>2 - 1 - 58</b> Death occurred at <b>7.05 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Francis M. ...</b>		22b. ADDRESS <b>...</b>		22c. DATE SIGNED <b>2-12-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>2-12 -58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>ST JUDES CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>MONROE CITY, MISSOURI.</b>		23e. (State)		24. FUNERAL DIRECTOR <b>WILSON &amp; SONS, Monroe City, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>2/12/58</b>		26. REGISTRAR'S SIGNATURE <b>N. M. Locke By H. C. Fisher</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED FEB 19 1958  
MARION CO. HEALTH DEPT.  
DATE FILED FEB 19 1958

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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed John L. Wilson.....

Licensed Embalmer No. 3014.....  
P. O. Address Union.....

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.