

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031969  
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 47 Primary Registration District No. 5157 Registrar's No. 210

S. 300  
1-57

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Callaway</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Aubert Township</u><br>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  | c. CITY OR TOWN <u>St. Aubert Township</u><br>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                             |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD #1 Mokane, Mo.</u> Length of stay in lb <u>58 years</u>  |  | d. STREET ADDRESS <u>RFD #1 Mokane, Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                              |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>John Roller</u>  |  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>September 21, 1958</u>                                       |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Dec. 28, 1899</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Agriculture</u>   | 9. AGE (In years last birthday) <u>58</u><br>FUNDER 1 YEAR IF UNDER 24 HRS.<br>Months Days Hours Min. |
| 11. BIRTHPLACE (City and state or country)<br><u>Callaway County, Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>America USA</u>  |   |
| 13a. FATHER'S NAME<br><u>Louis Roller</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Catherine Wohrenferger</u>  | 14. NAME OF HUSBAND OR WIFE   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>489-42-8330</u>   | 17. INFORMANT<br>Address<br><u>Mrs. John Roller RFD #1, Mokane, Mo.</u>                               |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute coronary thrombosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Arteriosclerosis with hypertension</u> years<br>DUE TO (c) <u>4201</u> |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>+ 8/15/58</u>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2   |
| 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<br>Hour a.m. Month, Day, Year 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, store, street, office bldg., etc.)       | 20f. CITY, TOWN, OR LOCATION  | COUNTY STATE  |
| 21. I attended the deceased from <u>6/14/57</u> to <u>9/21/58</u> and last saw him alive on <u>9/16/58</u><br>Death occurred at <u>3:30</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.  |  |   |   |
| 22a. SIGNATURE<br><u>Henry Donald Smith</u> (Degree or title)   |  | 22b. ADDRESS<br><u>Fulton, Missouri</u>   | 22c. DATE SIGNED<br><u>10/11/58</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>Sept. 23, 1958</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Hams Prairie Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Hams Prairie, Missouri</u>                        |
| 24. FUNERAL DIRECTOR<br><u>Wallace Funeral Home, Fulton, Mo.</u> ADDRESS  |  | 25. DATE RECD. BY LOCAL REG.<br><u>Oct-11-1958</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Maretha Lawrence</u>  |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**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 *Victor R. Masure* .....

Licensed Embalmer No. *1996* .....

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