THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000026
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 301 E. Jefferson — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Adair
c. CITY OR TOWN Kirksville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 301 E. Jefferson — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ada Middle Agnes Last Rolston
4. DATE OF DEATH Month 1 Day 23 Year 59
5. SEX female
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Feb 11, 1886
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months 11 Days 12 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Kirksville, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Clarence E. Underwood
14. MOTHER'S MAIDEN NAME Delilah B. Conner
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.
17. INFORMANT Address Howard Rolston, Kirksville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemmorhage — INTERVAL BETWEEN ONSET AND DEATH 3 min
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) 331 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan. 9, 1959 to Jan. 20, 1959 and last saw her/him alive on Jan. 20, 1959
Death occurred at 3 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Uda Belle Garrison D.O. (Degree or title) — 22b. ADDRESS Kirksville, Mo. — 22c. DATE SIGNED 1-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/26/59
23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery
23d. LOCATION (City, town, or county) (State) Kirksville, Mo.
24. FUNERAL DIRECTOR Davis & Davis ADDRESS Kirksville
25. DATE RECD. BY LOCAL REG. 1-23-1959
26. REGISTRAR'S SIGNATURE Dora W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Uda Belle Garrison, D.O.

MAR 23 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Robert B. Davis

Licensed Embalmer No. 42

P. O. Address Kirksvil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.