

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022671

FILED VS JUN 20 1960

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> Length of stay in 1b		c. CITY OR TOWN <u>Jefferson City</u> 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>Lawrence D.O.A. - Steel Warehouse</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Star Rt 2</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Emil</u> Middle <u>HERMAN</u> Last <u>ROLING</u>			4. DATE OF DEATH Month <u>June</u> Day <u>1</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/1/97</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Month <u>5</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Wardville, Mo</u>	

12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>John Roling</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Bremmer</u>		14. NAME OF HUSBAND OR WIFE <u>Aurelia Exler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>WAR</u>		16. SOCIAL SECURITY NO. <u>490-09-7068</u>		17. INFORMANT <u>Aurelia Roling</u> Address <u>J.C. Mo.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushing Injuries Skull - Chest</u>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Automobile accident</u> <u>Truck</u>			
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Truck accident</u>			
20c. TIME OF INJURY Hour <u>11:30</u> Month, Day, Year <u>June 1-60</u>					

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Bald Hill Rd. Rural-Jeff City</u>	20f. CITY, TOWN, OR LOCATION <u>Rural - J.C.</u>	COUNTY <u>COLE</u>	STATE <u>MO</u>
21. I attended the deceased from <u>JAN 1-50</u> to <u>JUNE 1-60</u> and last saw him alive on <u>MAY 30-60</u> Death occurred at <u>JUNE 1-60</u> <u>11:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Regina E. Roberts</u>		22b. ADDRESS <u>Jefferson City, Mo</u>		22c. DATE SIGNED <u>June 3-60</u>
23a. BURIAL, CREMATION, OR DISPOSITION (Specify) <u>Burial</u>	23b. DATE <u>6/4/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	23d. LOCATION (City, town, or county) <u>Jefferson City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Sylvester Dulle</u> ADDRESS <u>J.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>14 June 1960</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Harris, MD - M. Richter</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUN 20 1960

JUN 20 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Silvester J. [Signature]

Licensed Embalmer No. 482

P. O. Address Jefferson

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.