

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025744  
STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5048 Registrar's No. 64

|  |   |  |   |  |  |  |                                  |
|--|---|--|---|--|--|--|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Barry</u>  |   |  |   | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> |  |  |                                  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Purdy McDonnell</u>   |   | Length of stay in 1b <u>years</u>  |   | c. CITY OR TOWN <u>Purdy McDonnell</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>Home</u>  |   |  |   | d. STREET ADDRESS (If outside, give location) <u>Route 2</u>   |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                  |
| 3. NAME OF DECEASED (Type or print) First <u>Timothy H.</u> Middle <u>Roller</u> Last <u>Roller</u>  |   |  | 4. DATE OF DEATH Month <u>July</u> Day <u>15</u> Year <u>1960</u> |  |  |  |                                  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>white</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH <u>2/24/1869</u>  | 9. AGE (last birthday) <u>91</u>   | IF UNDER 1 YEAR  | IF UNDER 24 HR                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Seligman Mo.</u>   |  | 11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>          |  | 12. CITIZEN OF WHAT COUNTRY  |  |                                  |
| 13a. FATHER'S NAME <u>Josh Roller</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Nancy Skelton</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>Cordelia (decd)</u>   |  |  |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>   |   | 16. SOCIAL SECURITY NO. <u>no!</u>   |   | 17. INFORMANT <u>Lloyd Roller, Purdy Mo.</u> Address   |  |  |                                  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  |   |  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a)  |   | <u>Acute Coronary Failure</u>  |   |  |  | <u>2 hrs</u>   |                                  |
| DUE TO (b)   |   | <u>Arteriosclerotic Heart Disease</u>  |   |  |  | <u>10 years</u>  |                                  |
| DUE TO (c)   |   | <u>F</u>   |   |  |  |  |                                  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chesteritis</u>   |   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |                                  |
| 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 <u>10:30</u> a.m. Month, Day, Year <u>10/18/58</u>  | 20d. INJURY OCCURRED WHILE AT WORK <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 <u>Purdy Mo.</u>                     | COUNTY   | STATE  |  |                                  |
| 21. I attended the deceased from <u>10:30</u> to <u>7:15/60</u> and last saw <u>her</u> him alive on <u>7/15/60</u> . Death occurred at <u>10:30</u> m on the date stated above and to the best of my knowledge, from the causes stated. |   |  |   |  |  |  |                                  |
| 22a. SIGNATURE (Degree or title) <u>[Signature]</u>  |   |  |   | 22b. ADDRESS <u>Purdy Mo.</u>  |  | 22c. DATE SIGNED <u>7/16/60</u>  |                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>7/17/60</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Arnhart Cemetery E of Purdy Mo.</u>  |   | 23d. LOCATION (City, town, or county) (State) <u>Purdy Mo.</u>   |  |  |                                  |
| 24. FUNERAL DIRECTOR <u>Bennett-Wormington, Monett Mo.</u>   |   | ADDRESS  | 25. DATE RECD. BY LOCAL REG. <u>July 20/1960</u>                  | 26. REGISTRAR'S SIGNATURE <u>Grace Williams</u>  |  |  |                                  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gordon Bennett

Licensed Embalmer No. 4213  
P. O. Address Monro

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.