

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000127

AMENDED

Registration District No. 11 Primary Registration District No. 5043 Registrar's No. 12 STATE FILE NUMBER

1. FILED FEB 15 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Barry</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Seligman (Sugar Creek) twp.</u>		c. CITY OR TOWN <u>Seligman</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route 2</u>		d. STREET ADDRESS (If outside, give location) <u>Route #2</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE WASHINGTON ROLLER</u>		4. DATE OF DEATH Month Day Year <u>January 17, 1962</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>7-16-1875</u>
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>Farming</u>	9. AGE (last birthday) <u>86</u>
13a. FATHER'S NAME <u>W. B. Roller</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Rogers</u>	11. BIRTHPLACE (City and state or country) <u>Garfield, Arkansas</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>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
17. INFORMANT <u>Alva Roller - Garfield, Ark. (son)</u>		14. NAME OF HUSBAND OR WIFE	
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>Apoplexy</u>			<u>10 days</u>
DUE TO (b) <u>Hemiplegia</u>			
DUE TO (c) <u>Arterial Hypertension</u>			
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. Month, Day, Year		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	COUNTY STATE
21. I attended the deceased from <u>Dec. 28, 1961</u> to <u>Jan. 17, 1962</u> and last saw him alive on <u>Jan. 16, 1962</u>		Death occurred at <u>5:00</u> a m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Dr. Chas. R. Brown D.O.</u>		22b. ADDRESS <u>Seligman, Missouri</u>	22c. DATE SIGNED <u>2.3.62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-20-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Reddick Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>East of Garfield, Arkansas</u>
24. FUNERAL DIRECTOR ADDRESS <u>Callison Funeral Home, Rogers, Ark.</u>		25. DATE RECD. BY LOCAL REG. <u>2-6-1962</u>	26. REGISTRAR'S SIGNATURE <u>Grace Williams</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Name of Deceased _____

Age of Deceased _____

Sex of Deceased _____

Place of Birth _____

Place of Death _____

Place of Burial _____

Signature of Embalmer _____

(to be filled in by the embalmer)

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. 1885 working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roger M. Greenlee

Licensed Embalmer No. 1885

P. O. Address Rogers, Ark.

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 the body is not embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.