

CERTIFICATE OF DEATH

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 332

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <u>Oma</u>		<u>female</u>	<u>March 10, 1969</u>
2. <u>ROLLER</u>			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	DATE OF BIRTH (MONTH, DAY, YEAR)
3. <u>white</u>		<u>75</u>	<u>June 2, 1893</u>
4. CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
5. <u>Springfield</u>		<u>yes</u>	<u>St. John's Hospital</u>
6. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
7. <u>Missouri</u>		<u>USA</u>	<u>married</u>
8. SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
9. <u>491-05-3081-B</u>		<u>housewife</u>	<u>J. O. Roller</u>
10. RESIDENCE—STATE		11. home	
12. COUNTY		13. CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)
13. <u>Missouri</u>		<u>Barry</u>	<u>no</u>
14. FATHER—NAME FIRST MIDDLE LAST		15. MOTHER—MAIDEN NAME FIRST MIDDLE LAST	16. STREET AND NUMBER
15. <u>Napoleon B. Packwood</u>		16. <u>Sarah A. Weatherly</u>	<u>Route #1</u>
17. INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
18. <u>J. O. Roller</u>		<u>Route #1 Seligman, Missouri</u>	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
19. IMMEDIATE CAUSE			
(a) <u>Cerebral embolus</u>			<u>1 day</u>
(b) <u>Rheumatic heart disease</u>			
(c) <u>with mitral stenosis</u>			<u>9 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (DI)			AUTOPSY (YES OR NO)
			<u>no</u>
IF YES, STATE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20. <u>no</u>	20b. <u>no</u>	20c. <u>M. 7:00</u>	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20a. <u>no</u>	20b. <u>no</u>	20c. <u>no</u>	
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HER ALIVE (MONTH DAY YEAR)
21. I ATTENDED THE DECEASED FROM	<u>12 23 1966</u>	21b. <u>3 10 69</u>	21c. <u>3 10 69</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR HOUR)	
22. <u>no</u>		22b. <u>8:15 p. M.</u>	
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. <u>John J. McKinsey, M.D.</u>	<u>[Signature]</u>		23c. <u>3-13-69</u>
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE ZIP
23a. <u>609 Cherry</u>	<u>Springfield</u>	<u>Missouri</u>	<u>65806</u>
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
24a. <u>Burial</u>	24b. <u>Maplewood Cemetery</u>	24c. <u>Exeter</u>	<u>Missouri</u>
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. <u>Mar. 12, 1969</u>	25b. <u>Culver's P.O. Box 266</u>	<u>Cassville Mo. 65625</u>	
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25a. <u>Margaret C. Newbert</u>	26a. <u>[Signature]</u>	26b. <u>March 18, 1969</u>	

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9. 1
10a. 75
10b. 0397
11. 0
12. 1
13. 3940
14. 9
15. 0
16. 0
17. 0
18. 0
19. CREDITS
20.

USUAL RESIDENCE WHERE DECEASED LIVED: IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6.0050

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 Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.

[Handwritten scribbles and signatures at the bottom of the page]