

FILED AUG 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27951

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3060</u>		Registrar's No. <u>269</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u> <u>0941</u>		d. STREET ADDRESS (If rural, give location) <u>916 W. Liberty</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>H.</u> c. (Last) <u>ROLANS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 30 1950</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 25, 1862</u>			
9. AGE (In years less than 1 year) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during present working life, even if retired) <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>James H. Rolans</u>			13b. MOTHER'S MAIDEN NAME <u>Mary J. Young</u>			14. NAME OF HUSBAND OR WIFE <u>Cora Rolans</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. C. Snyder Bonebrake, Mo.</u>		ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Uremia</u>				DUE TO (b) <u>Arterial Sclerosis</u>				<u>2 months</u>	
ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (c) <u>—</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophied Prostate</u>				<u>34 years</u> <u>1500</u> <u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan 1949</u> , to <u>July 30, 1950</u> , that I last saw the deceased alive on <u>July 15 1950</u> , and that death occurred at <u>4:20 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. Geo. L. Watkins M.D.</u>				23b. ADDRESS <u>Farmington Mo.</u>		23c. DATE SIGNED <u>8-6-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/31-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Three River Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Farmington Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Aug 9, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Ruden</u> <u>289</u>		25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Raymond Caldwell Plattway Mo.</u>					

File No. _____
DISTRICT HEALTH OFFICE No. 4
AUG 15 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed R. Carbone

Signed.....

Student Embalmer

Licensed Embalmer No. 25-31

P. O. Address Flat River 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 this body is not embalmed, fact should be so stated above.