FILED SEP 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0990

State File No. 29117

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6102 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Scotland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Memphis Rural
c. LENGTH OF STAY (in this place): always
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Mo
b. COUNTY: Scotland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Memphis Rural
d. STREET ADDRESS (If rural, give location): Vest Township

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Clair Rorabough

4. DATE OF DEATH (Month) (Day) (Year): Aug 2 - 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Apr 27 - 1898
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 3, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Scotland Co Mo
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Marion Rorabough
13b. MOTHER'S MAIDEN NAME: Sarah Clark
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service): Yes World War 2
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT'S SIGNATURE OR NAME: Nina Printy — ADDRESS: Granger Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Gun Shot wound

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: #

19a. DATE OF OPERATION: [illegible]
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Shot himself while climbing over fence gun was discharged.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] County Coroner Scotland County
23b. ADDRESS: Memphis Mo
23c. DATE SIGNED: Aug 4th 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 4-50
24c. NAME OF CEMETERY OR CREMATORY: Clark
24d. LOCATION (City, town, or county) (State): Scotland Mo

DATE REC'D BY LOCAL REG.: 8/8/50
REGISTRAR'S SIGNATURE: [illegible] Baker 407
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gerth & Barkett Memphis

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 5 '35

SEP 2 1950

Date Received: SEP 9
DISTRICT HEALTH OFFIC
District File Number 9
Date Filed: SEP 9 195

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.

Signed Fred Gerth

Signed.....
Student Embalmer

Licensed Embalmer No. 4256

P. O. Address Memphis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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