

STANDARD CERTIFICATE OF DEATH

41621

State File No. ....

FILED DEC 27 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5738 Registrar's No. 42

730

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Newton</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Newton</u> d. STREET ADDRESS (If rural, give location) <u>0730</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Berwick (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Berwick</u>	
c. LENGTH OF STAY (in this place) <u>60 years</u>		d. STREET ADDRESS (If rural, give location) <u>4 mile South West of Pierce City Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mile South West of Pierce City</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CURT</u> b. (Middle) <u>HERMAN</u> c. (Last) <u>ROHN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 7 1950</u>	
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5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 14 1898</u>	9. AGE (In years last birthday) <u>52</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Newton County - 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Herman Rohn</u>	13b. MOTHER'S MAIDEN NAME <u>Marie Jettie</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Rohn Pierce City Mo</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Grace Rohn Pierce City Mo</u> ADDRESS <u>Pierce City Mo</u>
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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, asthma, 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>Cerebral thrombosis</u>		<u>7 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>3.8.2X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 1, 1950, to Dec 7, 1950, that I last saw the deceased alive on Dec 7, 1950, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles A. Spears M.D.</u>	23b. ADDRESS <u>Pierce City, Mo.</u>	23c. DATE SIGNED <u>12-8-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 10-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 13 1950</u>	REGISTRAR'S SIGNATURE <u>M. L. Young</u> 225	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. ...</u> ADDRESS <u>Pierce City Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

District Health Officer No. Newton Co. Health  
District File Number 1250-280 Dept.  
Date Filed 12/20/50

OCT 19 1950

**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

Edwin P. Wilks

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edwin P. Wilks

Licensed Embalmer No. 4131

P. O. Address Pierce City 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.