

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42003

State File No.

FILED JAN 3 1952

BIRTH NO. ... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 586

1. PLACE OF DEATH a. COUNTY JASPER.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin	c. LENGTH OF STAY at this place 19 YRS	c. CITY (If outside corporate limits, write RURAL and give township) Joplin	0495
d. FULL NAME OF HOSPITAL OR INSTITUTION 2105 PENN.		d. STREET ADDRESS (If rural, give location) 2105 PENN 0	

3. NAME OF DECEASED (Type or Print) a. (First) WILEY b. (Middle) CLYDE c. (Last) ROTHANBARGER	4. DATE OF DEATH (Month) (Day) (Year) 12-20 1951
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4/4/1891	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER	10b. KIND OF BUSINESS OR INDUSTRY BARBER	11. BIRTHPLACE (State or foreign country) Joplin Mo 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN ROTHANBARGER	13b. MOTHER'S MAIDEN NAME ALICE P. WEBB	14. NAME OF HUSBAND OR WIFE GLADYS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES	16. SOCIAL SECURITY NO. 491-01-0616	17. INFORMANT'S SIGNATURE AND ADDRESS Mrs Gladys Rothanbarger
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolism		INTERVAL BETWEEN ONSET AND DEATH same day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary stenosis probably 2 or 3 years		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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)
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?

22. I hereby certify that I attended the deceased from **12-14-1951**, to **12-20**, 19**51**, that I last saw the deceased alive on **12-14-**, 19**51**, and that death occurred **at home**, from the causes and on the date stated above.

23a. SIGNATURE D. G. Ramsey M.D.	(Degree or title)	23b. ADDRESS Joplin Mo	23c. DATE SIGNED 12/22/51
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24a. BURIAL, CREMA? TIME REMOVAL (Specify) BURIAL	24b. DATE 12/23/51	24c. NAME OF CEMETERY OR CREMATORY DIAMOND CEM.	24d. LOCATION (City, town, or county) (State) DIAMOND MO
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DATE REC'D BY LOCAL REG. 12-22-51	REGISTRAR'S SIGNATURE James 138	25. FUNERAL DIRECTOR'S SIGNATURE W. L. FLOYER	ADDRESS TURLEBUN FLOYER MORTUARY
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(Licensed Embalmer's Statement on Reverse Side)

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

W. Ramsey

RECEIVED 12-31-51
Jasper County Health Office

County File Number 51/12/989

Date Filed 12-31-51

JAN 12 1952

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.....
Student Embalmer

Signed *Dale Glover*
Licensed Embalmer No. *4593*

P. O. Address *Joplin, 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.