

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10279
10279FILED MAR 24 1953

BIRTH NO.

REG. DIST. NO. 156PRIMARY REG. DIST. NO. 2051Registrar's No. 10279

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>KANSAS</u> b. COUNTY <u>CHEROKEE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. LENGTH OF STAY (In this place) <u>2 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>WEIR, PLEASANT VIEW</u>		d. STREET ADDRESS (If rural, give location) <u>RR # 1, WEIR, KANSAS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOPLIN GENERAL, JOPLIN, MO.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 10 53</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLEN</u>		b. (Middle) <u>JANE</u>	c. (Last) <u>RORABAUGH</u>	5. SEX <u>FEMALE</u>	
6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2/16/1880</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>24</u>	IF UNDER 24 HRS. Hours <u>12</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>MARION COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>WILLIAM NELSON</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>MARION H. RORABAUGH</u>		
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>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARION H. RORABAUGH WEIR, KANSAS</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Anoxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Pulmonary congestion</u>		<u>24 hrs.</u>
			DUE TO (c) <u>Cardiac Decompensation</u>		<u>2 weeks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>Diabetes Mellitus</u>		<u>18 yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>Feb. 10</u> , 19 <u>53</u> , to <u>March 10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>March 9</u> , 19 <u>53</u> and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>L. Stiles</u>			23b. ADDRESS <u>D. O. Asbury, Missouri</u>		23c. DATE SIGNED <u>Mar. 12 '53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>3/10/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OLD PLEASANT VIEW</u>	24d. LOCATION (City, town, or county) (State) <u>CHEROKEE COUNTY, KANSAS</u>		
DATE REC'D BY LOCAL REG. <u>3-16-53</u>		REGISTRAR'S SIGNATURE <u>Ed. J. Jagers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>RUHLAND FUNERAL HOME, COLUMBUS, KAN.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

495
C

RECEIVED 3-23-53
Jasper County Health Office

County File Number 53/3/261

Date Filed 3-23-53

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 *Steve Parker*.....

Licensed Embalmer No. 2578

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. 2