No. 300
10-48

FILED MAY 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13576

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5243 Registrar's No. 38

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

1. PLACE OF DEATH
a. COUNTY: CHARITON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL CHARITON
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Mi S.W. FOREST GREEN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: CHARITON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL CHARITON 0210 0
d. STREET ADDRESS (If rural, give location): 3 Mi S.W. FOREST GREEN

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

4. DATE OF DEATH (Month) (Day) (Year): APR 22 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: APR. 21, 1880
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and State or Foreign Country): FOREST GREEN MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JACOB ROHWER
13b. MOTHER'S MAIDEN NAME: LOUISE GESSLING
14. NAME OF HUSBAND OR WIFE: MINNIE KOTTMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: _____
17. INFORMANT'S SIGNATURE OR NAME: Mrs Minnie Rohwer — ADDRESS: Forest Green

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) Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — ?
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: 331 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 22, 1953, *to* April 22, 1953, *that I last saw the deceased alive on* SEPT, 1952, *and that death occurred at* 4:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William C. Allen M.D.
23b. ADDRESS: Glasgow, Missouri
23c. DATE SIGNED: 4-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 24, 1953
24c. NAME OF CEMETERY OR CREMATORY: Salem Lutheran
24d. LOCATION (City, town, or county) (State): Forest Green MO

DATE REC'D BY LOCAL REG.: 5-2-53
REGISTRAR'S SIGNATURE: [signature] 55
25. FUNERAL DIRECTOR'S SIGNATURE: Audsley-Friemouth — ADDRESS: Glasgow MO

(Licensed Embalmer's Statement on Reverse Side)

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.

Student _____
Student Embalmer

Signed J. Walker Audsley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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.