

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **22105**

ED JUL 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5666 Registrar's No. 56

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

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaGrange Union Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaGrange</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home-No St. Address</u>		d. STREET ADDRESS (If rural, give location) <u>No St. Address</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>V</u> c. (Last) <u>Rohs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 8, 1892</u>
9. AGE (In years last birthday) <u>61</u>		10. MONTH <u>0</u>	11. DAYS <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gardening</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Florist</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lewis county, Mo.,</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Louis Rohs</u>	
13b. MOTHER'S MAIDEN NAME <u>Maggie Johnston</u>		14. NAME OF HUSBAND OR WIFE <u>Arabelle Rohs</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>498 01 1899</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Arabelle Rohs-LaGrange, Mo.,</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>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerular Nephritis</u>		3 yrs	
DUE TO (c) _____		5 year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Insufficiency</u>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION: <u>592x</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>8-10</u> , 19 <u>45</u> , to <u>6-22</u> , 19 <u>53</u> that I last saw the deceased alive on <u>6-22</u> , 19 <u>53</u> and that death occurred at <u>9:30 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. B. Dodson, M.D.</u>		23b. ADDRESS <u>Canton, Mo</u>	23c. DATE SIGNED <u>6-25-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 24, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dover Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lewis County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>6-27-53</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. J. Burnett, Badger LaGrange, Mo</u>	

(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. Kenneth Bailey
Licensed Embalmer No. *4248*

P. O. Address *La Grange, 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.