

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23707

FILED JUN 26 1953

BIRTH NO.

REG. DIST. NO. 364

PRIMARY REG. DIST. NO. 6237 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hickory-Grove		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hickory-Grove	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1070	
3. NAME OF DECEASED (Type or Print) a. (First) Otto b. (Middle) Roloff c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 14 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 28 1864
9. AGE (In years last birthday) 89		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) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Warren Co Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Frederick Roloff	
13b. MOTHER'S MAIDEN NAME Louisa Ohm		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Selma Roloff Wright City Mo		ADDRESS	
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) Myocardial Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility 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 4222	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 3-10- , 19 52 , to 6-14- , 19 53 , that I last saw the deceased alive on 6-13- , 19 52 , and that death occurred at 4:4 AM. , from the causes and on the date stated above.			
23a. SIGNATURE (Do not print) J. R. Beckmeyer		23b. ADDRESS Wright City Mo	
23c. DATE SIGNED 6-16-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 16 1953	
24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery		24d. LOCATION (City, town, or county) (State) Wright City Mo.	
DATE REC'D BY LOCAL REG. June 17-1953		REGISTRAR'S SIGNATURE Mrs F. W. Hughes	
25. FUNERAL DIRECTOR'S SIGNATURE Nieburg Furn & Und Co		ADDRESS Wright City Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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, *of* _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Julius J. Fiebura*
Licensed Embalmer No. *3366*
P. O. Address *Wright City*

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.