

STANDARD CERTIFICATE OF DEATH

State File No. **25602**

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4308** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY McDonald			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Noel		c. LENGTH OF STAY (in this place) 3 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Noel		0600
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			d. STREET ADDRESS (If rural, give location) Rural (Rt. 2)		
3. NAME OF DECEASED (Type or Print) a. (First) Albert		b. (Middle) A.	c. (Last) Rothmund	4. DATE OF DEATH (Month) (Day) (Year) 7-4-53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 12, 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME A. Rothmund		13b. MOTHER'S MAIDEN NAME M. Houswirth	14. NAME OF HUSBAND OR WIFE Ida L. Rothmund		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ida L. Rothmund 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myelocytic Leukemia INTERVAL BETWEEN ONSET AND DEATH 6 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: 30 Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 2041			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 July , 1952, to July 4 , 1953, that I last saw the deceased alive on July 3 , 1953, and that death occurred at 4:30 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Donald Dutton, M.D.			23b. ADDRESS Noel, Mo.		23c. DATE SIGNED 7-20-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-7-53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Tulsa, Okla.		
DATE REC'D BY LOCAL REG. 7-22-53	REGISTRAR'S SIGNATURE Rayna Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE F. M. Humphrey Jr.		ADDRESS Noel, Mo.

AUG 11 1953

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..... *H. M. Humphrey Jr.*

Licensed Embalmer No. *4708*

P. O. Address *Noel, 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.