

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 300  
10.48

FILED SEP 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 477 PRIMARY REG. DIST. NO. 3016 Registrar's No. 257

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

1. PLACE OF DEATH a. COUNTY <u>Cole Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo</u>		c. LENGTH OF STAY (in this place) <u>3 Hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>		d. STREET ADDRESS (If rural, give location) <u>606 South Oak St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>606 South Oak St.</u>		
3. NAME OF DECEASED a. (First) <u>Morris</u>		b. (Middle) <u>Dean</u>	c. (Last) <u>Rohrbach</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 14 1935</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk in Cafe</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Owner of Cafe</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Moniteau Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frankie Rohrbach</u>		13b. MOTHER'S MAIDEN NAME <u>Blanch Dale</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493.34.2429</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frankie E Rohrbach California</u> ADDRESS <u>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>Brain Laceration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>skull fracture</u> <u>3 hrs</u>
			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 _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) / 2 / (STATE) <u>Jefferson City Cole Mo</u>		
21d. TIME OF INJURY <u>9 - 10 - 53</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>In car accident</u>			
22. I hereby certify that I attended the deceased from <u>Sept 10 1953</u> , to <u>Sept 10 1953</u> , that I last saw the deceased alive on <u>Sept 10 1953</u> , and that death occurred at <u>3:40A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. Kanagawa M.D.</u>			23b. ADDRESS <u>1 Sallmeys Bldg</u>		23c. DATE SIGNED <u>9/11/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/12/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Sept 12-53</u>	REGISTRAR'S SIGNATURE <u>R.P. Harris MD-MR</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earl Boulin - California</u>		

MAR 26 1954

SEP 24 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 Jack H. Bowlin

Licensed Embalmer No. 4933

P. O. Address California, 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.