

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **35363**  
 Registrar's No. **93**

FILED **OCT 26 1953**  
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015**

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

1. PLACE OF DEATH a. COUNTY <b>CLINTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <b>MISSOURI</b> b. COUNTY <b>CLINTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAMERON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAMERON</b>	
c. LENGTH OF STAY (In this place) <b>20 hrs</b>		d. STREET ADDRESS (If rural, give location) <b>604 N. Mead.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>EVA</b> b. (Middle) <b>GERTRUDE</b> c. (Last) <b>ROLFE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-16-53</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>Nov. 26, 1882</b>		9. AGE (In years last birthday) <b>71</b>		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>COLUMBUS, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>James Lohr</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>Wm. Rolfe Deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Wm. Paul Noel Waversburg Mo</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Chronic Valvular Heart Disease</b>	
DUE TO (c) <b>None</b>		DUE TO (c) <b>None</b>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) <b>Coronary insufficiency</b>	
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)		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) (Min.)		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 June 24, 1950, to Oct 16, 1953, that I last saw the deceased alive on Aug 6, 1953, and that death occurred at 10:10 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. Kimes M.D.</b>		23b. ADDRESS <b>Cameron, Mo</b>		23c. DATE SIGNED <b>10-21-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10-19-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Grace Land Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>CAMERON MO</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Do Moss</b>		24f. ADDRESS <b>CRUNK CAMERON MO</b>	

DATE REC'D BY LOCAL REG. **10-23-53** REGISTRAR'S SIGNATURE **Winifred W. Mosler** 390-2  
 (Licensed Embalmer's Statement on Reverse Side)

MAY 3 1954

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.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed.....  
*[Handwritten Signature]*

Licensed Embalmer No. 2533

P. O. Address Cameron, 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.