

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38395**

FILED DEC 2 - 1953

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **4059** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0120 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Rempt.	b. (Middle)	c. (Last) Rohlfs	4. DATE OF DEATH (Month) (Day) (Year) Nov. 20 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/10/1977	9. AGE (In years) (last birthday) 76	# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours	# UNDER 1 MIN. Min.
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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) Enden Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Hiram Rohlfs	13b. MOTHER'S MAIDEN NAME Annetta Rubbers	14. NAME OF HUSBAND OR WIFE Marie Rohlfs
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 499-18-6521	17. INFORMANT'S SIGNATURE OR NAME Louis Rohlfs	ADDRESS Neelyville, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days Undetermined
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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"/>
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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) 331X
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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?
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22. I hereby certify that I attended the deceased from **Nov. 9, 1953**, to **Nov. 20, 1953**, that I last saw the deceased alive on **Nov. 19, 1953**, and that death occurred at **5:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. L. Smith	(Degree or title) Dr.	23b. ADDRESS Box 228, Neelyville, Mo.	23c. DATE SIGNED 11/20/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/22/53	24c. NAME OF CEMETERY OR CREMATORY Kinsey	24d. LOCATION (City, town, or county) (State) Butler County MO.
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DATE REC'D BY LOCAL REG. 11/24/53	REGISTRAR'S SIGNATURE R. H. Muehle	25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home	ADDRESS Naylor, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
NOV 30 1953
BUTLER CO. HEALTH CENTER
FILE No. _____

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

Bryan McCord

Licensed Embalmer No. *4079*

P. O. Address *Naples, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.