

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

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

0420

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4213 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montrose</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montrose</u> <u>2020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>in Montrose</u>		d. STREET ADDRESS (If rural, give location) <u>in Montrose</u>	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Rotent</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25-1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>31 Mar 1876</u>
9. AGE (in years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Montrose Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Rotent</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Cook</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Rotent</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Rotent</u> ADDRESS <u>Montrose 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive failure (Left)</u> DUE TO (c) <u>arteriosclerotic C.V. disease</u> II. OTHER SIGNIFICANT CONDITIONS. <u>None</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	
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)		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 <u>Aug</u> , 19 <u>52</u> , to <u>Nov 24</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 24</u> , 19 <u>54</u> , and that death occurred at <u>1:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. A. Slickman, MD</u>		23b. ADDRESS <u>9 Appleton City, Mo.</u>	
23c. DATE SIGNED <u>Nov 27 '54</u>		24a. BURIAL, CREMA TION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-27-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>German town cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Montrose Mo</u>		DATE REC'D BY LOCAL REG. <u>Nov-27-54</u>	
REGISTRAR'S SIGNATURE <u>Florence Adair</u>		52. FUNERAL DIRECTOR'S SIGNATURE <u>Slickman-Dunning</u> ADDRESS <u>Clinton Mo</u>	

MAR 15 1955

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 Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.