

FILED MAR 2 1955

STANDARD CERTIFICATE OF DEATH

State File No. 5518

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>63</u>			
1. PLACE OF DEATH a. COUNTY <u>Livingston</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> <u>0592</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1515 Clay St.</u> <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERBERT</u> b. (Middle) <u>KIRTLEY</u> c. (Last) <u>ROCKHOLD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24, 1955</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 28, 1885</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bank cashier (ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Julian Rockhold</u>			13b. MOTHER'S MAIDEN NAME <u>Leora Kirtley</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>XX</u>		16. SOCIAL SECURITY NO. <u>487-24-9963A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Rockhold, Chillicothe, Mo.</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY INFARCT.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIAC ENLARGEMENT.</u> DUE TO (c) <u>CHRONIC ASTHMA.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>8-10 yrs.</u> <u>15-20 yrs.</u>		
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) _____		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>May</u> , 19 <u>52</u> , to <u>Feb. 24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-24-55</u> , 19 <u>55</u> , and that death occurred at <u>10:20 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. W. Matheny M.D.</u>				23b. ADDRESS <u>Chillicothe Mo.</u>		23c. DATE SIGNED <u>2/25/55.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Feb. 26, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mooresville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mooresville, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>2-25-55</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neale</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald Gordon</u>		ADDRESS <u>Chillicothe Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1951 58-007

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 *Ronald Gordon*

Licensed Embalmer No. 4191

P. O. Address *Chillicothe, 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.