

FILED AUG 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24952**

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 139	
1. PLACE OF DEATH a. COUNTY Saline b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Marshall, Mo. c. LENGTH OF STAY (in this place) 7 Days d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hos pital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline-Grand c. CITY OR TOWN Rural d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) 3 Mi. North of Grand Pass, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Wesley b. (Middle) F. c. (Last) Rohn			4. DATE OF DEATH (Month) (Day) (Year) July 30 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 13-1873	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Unknown-Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME David Rohn		13b. MOTHER'S MAIDEN NAME Christina Zahn		14. NAME OF HUSBAND OR WIFE Wainie Benware	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME C.M. Gorman-Grand Pass, Missouri			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Liver ANTECEDENT CAUSES Cardio Vasculer Sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 1561 Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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)		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 7/23 , 19 55 , to 7/30 , 19 55 , that I last saw the deceased alive on 7/29 , 19 55 , and that death occurred at 700 m., from the causes and on the date stated above.							
23a. SIGNATURE Ron Kennedy M.D. (Degree or title)				23b. ADDRESS Marshall Mo.		23c. DATE SIGNED 8/1/55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8/2/55		24c. NAME OF CEMETERY OR CREMATORY Matta Bend		24d. LOCATION (City, town, or county) (State) Matta Bend Mo.	
DATE RECD BY LOCAL REG. Aug 2-55		REGISTRAR'S SIGNATURE Cecil G. Paul		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Sweeney - Marshall, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *328*

P. O. Address *Marshall*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.