No. 300
10.48

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

FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41333

State File No.

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5738, Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY OR TOWN Rural LaPlata Twp.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Macon
c. CITY OR TOWN Near LaPlata
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Route

3. NAME OF DECEASED (Type or Print)
a. (First) Beaulah
b. (Middle) Gerlda
c. (Last) Rohrbough

4. DATE OF DEATH (Month) (Day) (Year) Dec. 27 - 1955

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct - 25 - 1882
9. AGE (In years last birthday) 73
IF UNDER 1 YEAR: Months 1 Days 29
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (City and State or Foreign Country) Adairsville Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Tilford Bragg
13b. MOTHER'S MAIDEN NAME Lydia Leora Dull
14. NAME OF HUSBAND OR WIFE John L. Rohrbough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME J. L. Rohrbough, ADDRESS Park Forest Ill.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Lungs — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cancer of Lungs — Cannot Define

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 163x

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May - 25, 1955, *to* Dec. 23, 1955, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Ralph Gillet (Degree or title) Dr.
23b. ADDRESS LaPlata Mo
23c. DATE SIGNED 12-27-1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 26-55
24c. NAME OF CEMETERY OR CREMATORY LaPlata Cemetery
24d. LOCATION (City, town, or county) (State) LaPlata Mo

DATE REC'D BY LOCAL REG. 1/2/56
REGISTRAR'S SIGNATURE Ruth McNeely
FUNERAL DIRECTOR'S SIGNATURE D. S. Christie
ADDRESS LaPlata Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-6-56
MACON COUNTY HEALTH DEPARTMENT
County File No. 1-56-11
Date Filed 1-6-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed D. S. Christie

Licensed Embalmer No 1109

P. O. Address La Plat

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.