

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19686

State File No.

FILED JUN 18 1956

REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

Registrar's No. 619

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN California	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1mo 20da		e. STREET ADDRESS (If rural, give location) not given	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital # 2			

3. NAME OF DECEASED (Type or Print)	a. (First) ERNEST	b. (Middle) FREDERICK ROHRBACH	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 4, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 29, 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 7
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Tech. Sergeant	10b. KIND OF BUSINESS OR INDUSTRY Army Air Force	11. BIRTHPLACE (City and State or Foreign Country) California, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frederick Rohrbach	13b. MOTHER'S MAIDEN NAME Cardise Jese	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Army Air Force	16. SOCIAL SECURITY NO. not given	17. INFORMANT'S SIGNATURE OR NAME Richard Rohrbach	ADDRESS Clarksburg, Mo.
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General arterio-sclerosis DUE TO (b) _____ DUE TO (c) Senile Psychosis 2. OTHER SIGNIFICANT CONDITIONS Enlarged prostate Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH present on admission.
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Apr. 15, 1956, to June 4, 1956 that I last saw the deceased alive on June 3, 1956, and that death occurred at 6:10am., from the causes and on the date stated above.

23a. SIGNATURE Forrest Thomas M.D. (Degree or title)	23b. ADDRESS Dr. Forrest M. Thomas, Hospital # 6/4-56	23c. DATE SIGNED 6/4-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 7, 1956	24c. NAME OF CEMETERY OR CREMATORY Allee Cemetery	24d. LOCATION (City, town, or county) (State) California, Mo.
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DATE REC'D BY LOCAL REG. June 11, 1956	REGISTRAR'S SIGNATURE E. M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Wilson Funeral Home, California, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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40 5

JUN 19 1958

AUG 29 1958

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.....
Earl A. Clark

Licensed Embalmer No. 47

P. O. Address *St. Joseph*

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