Health, Welfare Public Service

0

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 29 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33695

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 977

1. PLACE OF DEATH a. COUNTY Greene b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No ☐ c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St John's Hospital — Length of stay in 1b 51 years	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene c. CITY OR TOWN Springfield 0346 — Inside Limits Yes X No ☐ d. STREET ADDRESS (If outside, give location) 817 S. Weller — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First LOUIS Middle D. Last ROSENBAUER

4. DATE OF DEATH (Month, Day, Year) October 21 1956

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH May 26, 1872

9. AGE (In years last birthday) 84

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Consulting Engineer

10b. KIND OF BUSINESS OR INDUSTRY Const. Engineering

11. BIRTHPLACE (City and state or country) Rochester, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Rosenbauer

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 494-18-9653

17. INFORMANT Address Mrs Mary R. Rosenbauer, Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Thrombosis due to arteriosclerosis, Multiple

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) atelectasis, Right lower lobe

DUE TO (c) Generalized arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) none 332X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ none

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year none

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-20-51 to 10-21-56 and last saw ~~her~~ him alive on 10-21-56

Death occurred at 3:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. L. Rand, M.D. (Degree or title) 0

22b. ADDRESS 609 Cherry, Springfield, Mo

22c. DATE SIGNED 10/22/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Oct 25, 1956

23c. NAME OF CEMETERY OR CREMATORY Hazelwood

23d. LOCATION (City, town, or county) (State) Springfield, Mo.

24. FUNERAL DIRECTOR Jewell E. Windle & W. ADDRESS Springfield, Mo

25. DATE RECD. BY LOCAL REG. 10-24-56

26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

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..Murray Wilson.....

Licensed Embalmer No.498..

P. O. Address Springfie

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.