

FILED FEB 13 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 38

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>FLUORIAN</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>FLUORIAN</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>MEXICO</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <u>MEXICO MO</u>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>FLUORIAN CO</u>  |  | Length of stay in lb<br><u>6 days 1507 N. Olive</u>   | d. STREET ADDRESS (If outside, give location) <u>1507 N. Olive</u>                                |
| 3. NAME OF DECEASED<br>(Type or print) <u>MURIEL JVA ROTHHOUSE</u>   |  | Middle Last   | 4. DATE OF DEATH<br>Month Day Year <u>2/4/58</u>  |
| 5. SEX <u>Female</u> COLOR OR RACE <u>White</u>  | MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>12/13/1888</u>   | 9. AGE in years MONTHS DAYS IF UNDER 24 HRS.<br><u>69 1 18</u>                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>at home</u>  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>none</u>   | 11. BIRTHPLACE (City and state or country)<br><u>MONROEMERY Co. Mo.</u>   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |
| 13a. FATHER'S NAME<br><u>LYCURGUS MINTER</u>   | 13b. MOTHER'S MAIDEN NAME<br><u>ROSE BAKER</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>DEED</u>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  | 16. SOCIAL SECURITY NO.<br><u>-</u>  | 17. INFORMANT<br><u>Mrs. Grace Skinnie Mexico MO</u>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Lower Nephron Nephrosis</u>  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>36 hrs.</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>gangrene of Cecum</u>  |  |   | <u>3 days</u>   |
| DUE TO (c) <u>Intestinal obstruction sigmoid</u>   |  |   | <u>1 wk</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>5705</u>  |   |   |
| 20c. TIME OF INJURY<br>Hour a.m. Month, Day, Year p.m.   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 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 <u>Jan 30, 1956</u> to <u>Feb 4, 1958</u> and last saw her alive on <u>Feb 4, 1958</u><br>Death occurred at <u>10 24th</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |   |
| 22a. SIGNATURE<br><u>Muriel J. Rothhouse</u>   | (Degree or title) <u>0</u>   | 22b. ADDRESS<br><u>1120 Clark Memphis Tenn</u>  | 22c. DATE SIGNED<br><u>Feb 4, 1958</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  | 23b. DATE<br><u>2/4/58</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Hollersville City</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Hollersville MO</u>                           |
| 24. FUNERAL DIRECTOR<br><u>A. B. Hollers</u>   | ADDRESS<br><u>Hollersville Mo</u>  | 25. DATE RECD. BY LOCAL REG.<br><u>Feb 4-1958</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Blanche Greely</u>  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *A. B. Hella* .....

Licensed Embalmer No. *1588* .....  
P. O. Address *Hellerville* .....

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.