

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2 372-58
58-015062
State File No.

FILED APR 16 1958

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 5813 Registrar's No. 8

0700

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

1. PLACE OF DEATH a. COUNTY MONTGOMERY		2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission). a. STATE MO b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give town) Rural		c. CITY OR TOWN Montgomery City MO	
c. LENGTH OF STAY (in this place) 2 m		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Walla Clinic		e. STREET ADDRESS (If rural, give location) 7 miles East of Hellsville	
3. NAME OF DECEASED a. (First) OTR H b. (Middle) LESLEY c. (Last) ROTSCH		4. DATE OF DEATH (Month) (Day) (Year) 4-9-58	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Jan 28-1938
9. AGE (In years last birthday) 21 1/2	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and State or Foreign Country) Hellsville MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dwain Rotsch		13b. MOTHER'S MAIDEN NAME CECILINE MORRIS	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	
16. SOCIAL SECURITY NO. L		17. INFORMANT'S SIGNATURE OR NAME Dwain Rotsch ADDRESS Montgomery City	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation Caused by Pneumonia ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing 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) 493 X	
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 _____, 19____, to _____, 19____, 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 (Degree or title) F. J. Ball Coroner 3		23b. ADDRESS Jonesburg, Missouri.	
23c. DATE SIGNED 4-9-58		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 4-9-58		24c. NAME OF CEMETERY OR CREMATORY Hellsville City	
24d. LOCATION (City, town, or county) (State) Hellsville MO		25. FUNERAL DIRECTOR'S SIGNATURE A. B. Wells ADDRESS Hellsville MO	
DATE REC'D BY LOCAL REG. 4-10-58		REGISTRAR'S SIGNATURE Antwone Romano	

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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 _____

This Body Was Not Embalmed.

Licensed Embalmer No. 158

P. O. Address Hellsville

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.