Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020905
STATE FILE NUMBER

37751-58
FILED JUL 7 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 284

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) University Hosp — Length of stay in 1b 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cole
c. CITY OR TOWN Jefferson City 0264 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 718 W High — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: MARY KAY ROTHOUE

4. DATE OF DEATH Month 6 Day 26 Year 58

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐ 0
8. DATE OF BIRTH 6-17-58
9. AGE (In years last birthday) — IF UNDER 1 YEAR Months Day 9 — IF UNDER 24 HRS. Hours Min.

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 country) Jefferson City, Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME NORBERT ROTHOUE
13b. MOTHER'S MAIDEN NAME CATHERINE Reilley
14. NAME OF HUSBAND OR WIFE NONE

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. NONE
17. INFORMANT Address HOSPITAL RECORD

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ~~Prematurity~~ Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 9 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity —
DUE TO (c) 7635
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? YES ☑ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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
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 June 24, 1958, to June 26, 1958 and last saw her alive on June 26, 1958
Death occurred at 8:50 PM m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) Clement E Brooke MD. 0
22b. ADDRESS U. of Missouri Med Center, Columbia
22c. DATE SIGNED 6/26/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 28, 1958
23c. NAME OF CEMETERY OR ~~CREMATORY~~ RESURRECTION
23d. LOCATION (City, town, or county) (State) Jefferson City Mo

24. FUNERAL DIRECTOR ADDRESS Sylvester Quelle JCMo
25. DATE RECD. BY LOCAL REG. June 30 1958
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 Sylvester Quille

Licensed Embalmer No. 4321

P. O. Address Jefferson City Mo

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.