

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039330
STATE FILE NUMBER

REG. DEC 3 1958 Registration District No. 77 Primary Registration District No. 2016 Registrar's No. 338

300
1-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo		c. CITY OR TOWN California, Mo	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles Still Hosp. 6 Days		d. STREET ADDRESS (If outside, give location) Star Rt.	

3. NAME OF DECEASED (Type or print) First Middle Last William Edward Rohrbach			4. DATE OF DEATH Month Day Year Nov 22 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 19 1886	9. AGE (In years last birthday) 72	10. FUNDER 1 YEAR Months 1 Days 3	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fredrick Rhorbach	13b. MOTHER'S MAIDEN NAME Margrett Wolfrum	14. NAME OF HUSBAND OR WIFE Deceased
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Oscar Rohrbach- California, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Embolus</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 min.</i> <i>18 hr.</i>
DUE TO (b) <i>Septicemia</i>		
DUE TO (c) <i>Carcinoma of sigmoid</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1533		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. 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
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21. I attended the deceased from *Nov. 16, 1958* to *Nov. 22, 1958* and last saw *her* alive on *Nov. 21, 1958*
Death occurred at *7 A.M.* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>R. P. Dorn</i>	(Degree or title) <i>D. O.</i>	22b. ADDRESS <i>California</i>	22c. DATE SIGNED <i>11/22/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/24/58	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) California, Mo
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24. FUNERAL DIRECTOR <i>Earl Boulin</i>	ADDRESS <i>California</i>	25. DATE RECD. BY LOCAL REG. <i>24 Nov. 1958</i>	26. REGISTRAR'S SIGNATURE <i>R. P. Dorn, MD MR</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Jack H. Bowlin*

Licensed Embalmer No. *4933*

P. O. Address *California, 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.