

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039477
STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HERMANN		c. CITY OR TOWN HERMANN 03710	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 231 E. 4th ST		d. STREET ADDRESS (If outside, give location) 231 E. 4th ST	
3. NAME OF DECEASED (Type or print) First Middle Last OTTO WILLIAM ROHLFING		4. DATE OF DEATH Month Day Year NOV. 28-1958	
5. SEX MALE	6. COLOR OR RACE CAU.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 10-1880
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		9b. KIND OF BUSINESS OR INDUSTRY GINN FARMING	9c. AGE (In years last birthday) 77
10a. FATHER'S NAME F.H. ROHLFING		10b. BIRTHPLACE (City and state or country) BERGER Mo	
11. CITIZEN OF WHAT COUNTRY? U.S.		12. NAME OF HUSBAND OR WIFE EMMA ROHLFING	
13. MOTHER'S MAIDEN NAME CAROLINE ROHLFING		14. NAME OF HUSBAND OR WIFE EMMA ROHLFING	
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 EMMA ROHLFING		Address HERMANN Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral embolism			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Prostatic carcinoma			18 mo.
DUE TO (c) _____			
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 <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.) 177X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Feb. 23, 1953 to Nov. 28, 1958 and last saw him alive on Nov. 28, 1958 Death occurred at 11:03 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. A. Jeter, D.D. 2		22b. ADDRESS Hermann, Missouri	
		22c. DATE SIGNED 11/20/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 1-1958	
23c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S CEMETERY		23d. LOCATION (City, town, or county) (State) BERGER Mo	
24. FUNERAL DIRECTOR HUGO H. BLUMER		25. DATE RECD. BY LOCAL REG. 11-29-58	
ADDRESS HERMANN Mo		26. REGISTRAR'S SIGNATURE Delma Uffelman	

(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 *Hegor B...*

Licensed Embalmer No. *3160*

P. O. Address *Hermann M*

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.