

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044373

STATE FILE NUMBER
5842

DEC 30 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in 1b 50 YEARS	d. STREET ADDRESS (If outside, give location) 2033 E. GREGORY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ADRIAN HERMAN ROTHEN			4. DATE OF DEATH Month Day Year DECEMBER 8, 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-9-91
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done or profession, occupation, or retired) WATCHCASE MAKER		10b. KIND OF BUSINESS OR INDUSTRY JEWELRY	11. CITIZENSHIP AND PLACE OF BIRTH SWITZERLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. CITIZENSHIP AND PLACE OF BIRTH SWITZERLAND	
13a. FATHER'S NAME Herman Rothen		13b. MOTHER'S MAIDEN NAME Bertha Jeannert	
14. NAME OF HUSBAND OR WIFE Nancy R. Rothen		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) yes	
16. SOCIAL SECURITY NO. 7-28-18 to 8-30-19 486-01-8257		17. INFORMANT Address Official Records, VA Hospital K.C. 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) Pulmonary atelectasis and congestion			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Decompensated cardiac disease			
DUE TO (c) Chronic rheumatic heart disease			
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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	
21. Attended the deceased from 9-10-58 to 12-8-58 Death occurred at 2:25 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. A. TURNER, M.D. <i>J. Turner M.D.</i>		22b. ADDRESS VA Hospital, Kansas city, Mo.	
22c. DATE SIGNED 12-8-58		23. NAME OF CEMETERY OR CREMATORIA MOUND GROVE CEM. INDEPENDENCE, MISSOURI	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 10, 1958	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS - KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 12-10-58	
26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		27. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Ed Nelson*

Licensed Embalmer No. *2241*

P. O. Address *Kansas City*

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.