

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021669

STATE FILE NUMBER  
2635

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2635

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>515 W 11th St.</b>		d. STREET ADDRESS (If outside, give location) <b>515 W 11th St.</b>	

3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>S</b> Last <b>ROHRBACH</b>	4. DATE OF DEATH Month <b>May</b> Day <b>25</b> Year <b>1959</b>
---	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 22 1875</b>	9. AGE (In years last birthday) <b>83</b>	10. FUNDER 1 YEAR Months <b>8</b> Days <b>25</b>	11. IF UNDER 24 HRS Hours <b>0</b> Min.
----------------------	-------------------------------	--	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Tipton Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	-----------------------------------	--	--

13a. FATHER'S NAME <b>George Delfelder</b>	13b. MOTHER'S MAIDEN NAME <b>No Record</b>	14. NAME OF HUSBAND OR WIFE <b>John Rohrbach</b>
---	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs Leo J Knipp Syracuse Missouri</b>
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Cardiac</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b>		
DUE TO (c) <b>Hyper Tensive Cardiac Vascular Disease</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		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 <b>12:30</b> Month, Day, Year <b>5/25/59</b>	20d. INJURY OCCURRED WHILE AT <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 <b>5246 St John</b>	COUNTY	STATE
--	---	--	---	--------	-------

21. I attended the deceased from <b>1950</b> to <b>5/25/59</b> and last saw her alive on <b>5/20/59</b> Death occurred at <b>12:30 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22. SIGNATURE (Degree or title) <b>P. A. Kienberger MD</b>	22b. ADDRESS <b>5246 St John</b>	22c. DATE SIGNED <b>5/27/59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 29 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Olivet Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
--	---------------------------------	---	--

24. FUNERAL DIRECTOR <b>Sheil Funeral Home Kansas City Mo</b>	25. DATE RECD. BY LOCAL REG. <b>5-27-59</b>	26. REGISTRAR'S SIGNATURE <b>Nevar Trinsall</b>
--	--	--

P. A. Kienberger  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *James A. Shail* .....

Licensed Embalmer No. *4954* .....  
P. O. Address *J.P. 1216* .....

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.