RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-007853

FILED VS FEB 16 1960 316

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 49

NDED

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp. Farmington-Rural
Length of stay in 1b 6 Days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mineral Area Hospital
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Ste. Genevieve
c. CITY OR TOWN STAR R. #1
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) S.R. #1 Ste. Genevieve
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Leonard Henry Rottler

4. DATE OF DEATH Month Day Year: Feb 6, 8, 1960

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 18 Sept 1920
9. AGE (last birthday): 39
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Coffman, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Edwin F. Rottler
13b. MOTHER'S MAIDEN NAME: Regina Gegg
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW #11
16. SOCIAL SECURITY NO.: 492-42-0126
17. INFORMANT: Linus Rottler Address S.R. #1 Ste. Genevieve, 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) Cerebrous Brain C
INTERVAL BETWEEN ONSET AND DEATH: 4 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metasis to Spinal Cord
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 Oct. 1959, to Feb 8, 1960 and last saw her/him alive on Feb 7, 1960
Death occurred at 2:30 am ~~[illegible]~~ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Linus Crawford DD
22b. ADDRESS: Farmington Mo
22c. DATE SIGNED: 2/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-10-60
23c. NAME OF CEMETERY OR CREMATORY: St. Catherine Cem.
23d. LOCATION (City, town, or county): Coffman (State) Mo

24. FUNERAL DIRECTOR: Jerome L. Stoelker ADDRESS Ste Genevieve Mo
25. DATE RECD. BY LOCAL REG.: Feb. 8, 1960
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Jerome B. Sciarlo

Signature of Student Embalmer

Licensed Embalmer No. 3817

P. O. Address Ste Genevieve

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.