

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-010472**

FILED VS APR 11 1960

Registration District No. 115-116 Primary Registration District No. 4187 Registrar's No. 75

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Franklin</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union Mo.</u> Length of stay in 1b <u>2 month</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u> c. CITY OR TOWN <u>Union Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Fred.</u> Middle <u>Rosendahl</u> Last <u>Rosendahl</u>		<b>4. DATE OF DEATH</b> Month <u>April</u> Day <u>2</u> Year <u>1960</u>	
<b>5. SEX</b> <u>M.</u>	<b>6. COLOR OR RACE</b> <u>W.</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>4/29/03</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farm work.</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>	<b>9. AGE</b> (last birthday) <u>66</u>
<b>13a. FATHER'S NAME</b> <u>Henry Rosendahl</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sophia Strehlman</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>493-40-8233</u>	<b>17. INFORMANT</b> <u>Clara Schroeder</u> Address <u>Union Mo.</u>
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>obscure embolus</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>
<b>21. I attended the deceased from</b> <u>6. P.M.</u> <b>to</b> <u>4.2.60</u> <b>and last saw her</b> <u>3.29.60</u> <b>alive on</b>			
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
<b>22a. SIGNATURE</b> <u>H. H. Lemme M.D.</u> (Degree or title)		<b>22b. ADDRESS</b> <u>Union Mo</u>	<b>22c. DATE SIGNED</b> <u>4.4.60</u>
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial April 5 1960</u>	<b>23b. DATE</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>St Johns Luth.</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Beaufort Mo.</u>
<b>24. FUNERAL DIRECTOR</b> <u>E H Lemme</u> Address <u>Beaufort Mo.</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>4/5/60</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>J. C. Heidmann</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 E H Jenne, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E H Jenne

Licensed Embalmer No. 3076

P. O. Address Beaufort N.C.

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.