

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019128

FILED VS. MAY 31, 1960

132

Primary Registration District No. 3021

Registrar's No. 86

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Grundy				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Length of stay in 1b 3 days		c. CITY OR TOWN Tindall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whitfield Nursing Home 1513 Chestnut				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 checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) FANNIE ELIZABETH ROTTMAN				4. DATE OF DEATH Month May Day 18 Year 1960				
5. SEX female		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 11/8/80		
9. AGE (last birthday) 79/6/10		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) homemaker			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Lebanon, Virginia		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Combow			13b. MOTHER'S MAIDEN NAME Edith Phelps			14. NAME OF HUSBAND OR WIFE Floyd Rottman		
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 Address Mrs Weldon Moore, Tindall, 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) Chronic myocarditis 1 year Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH _____	
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		
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 _____ a.m. _____ p.m.		Month, Day, Year _____						
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. I attended the deceased from June 1st 1959 and last saw her/him alive on May 8th 1960 Death occurred at 6:05 p. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Clara F. Duff</i> (Degree or title)				22b. ADDRESS Trenton Mo			22c. DATE SIGNED May 19th 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 21, 1960		23c. NAME OF CEMETERY OR CREMATORY Martin Cemetery		23d. LOCATION (City, town, or county) (State) Grundy County, Mo.		
24. FUNERAL DIRECTOR Gipson Funeral Home, Trenton, Mo.				25. DATE RECD. BY LOCAL REG. 5/21/60		26. REGISTRAR'S SIGNATURE <i>Juene Jaur</i>		

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~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Hal Roussen

Licensed Embalmer No. 340

P. O. Address ~~12~~ Trent

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.