

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041562

FILED VS DEC 5 1960

Registration District No. 175-116 Primary Registration District No. 3020 Registrar's No. 257

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Franklin			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b 13 hrs.	c. CITY OR TOWN Gerald		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 1	
3. NAME OF DECEASED (Type or print) First Henry Middle Frederick Last Rohlfing			4. DATE OF DEATH Month Nov. Day 23 Year 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-11-1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Beemont, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Henry Rohlfing		13b. MOTHER'S MAIDEN NAME Louise Berger		14. NAME OF HUSBAND OR WIFE Katherine Witte	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 494-42-2567		17. INFORMANT Raymond Rohlfing Gerald, 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) Acute Myocardial Infarction DUE TO (b) Arterial Sclerosis of Aorta DUE TO (c) Coronary Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Chronic Bronchitis					INTERVAL BETWEEN ONSET AND DEATH 24 hrs
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 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		20g. COUNTY		20h. STATE	
21. I attended the deceased from 1932 to 1960 and last saw her 11-23-60 Death occurred at 10:15 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Charles A. Heath</i>			22b. ADDRESS <i>Gerald</i>		22c. DATE SIGNED 11-24-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11-27-1960	23c. NAME OF CEMETERY OR CREMATORY St. Pauls R&R Cem.		23d. LOCATION (City, town, or county) (State) Gerald, Mo.
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home Owensville, Mo. <i>Milford H. H. Winter</i>			25. DATE RECD. BY LOCAL REG. 11/26/60		
26. REGISTRAR'S SIGNATURE <i>J. J. Schwann</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Henry Roling
 404-42-2587
 Raymond Roling
 404-42-2587
 Farming
 Belmont, Mo.
 USA
 white
 male
 2-11-1878
 81
 Nov. 23, 1960

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 *Me*, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed *Milford H H White*

Licensed Embalmer No. 383
 P. O. Address OWEN 5

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.