

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045108

FILED VS DEC 19 1960

STATE FILE NUMBER

Registration District No. 31 Primary Registration District No. 4040 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Benton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Benton									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cole Camp		Length of stay in lb 17 Yrs		c. CITY OR TOWN Cole Camp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION - - - - -			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) First Middle Last Frederich William Rosebrock				4. DATE OF DEATH Month Day Year Dec 13th 1960									
5. SEX Male		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 1-1-1881		9. AGE (last birthday) 79		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) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) Ionia Mo		12. CITIZEN OF WHAT COUNTRY U S A					
13a. FATHER'S NAME Heinrich Rosebrock				13b. MOTHER'S MAIDEN NAME Anna Keseman				14. NAME OF HUSBAND OR WIFE Mrs Katy Rosebrock					
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 Katy Rosebrock, Cole Camp 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) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Vasculan Accident</u> DUE TO (c) <u>Unknown</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										INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>1 wk</u> <u>-</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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		COUNTY		STATE					
21. I attended the deceased from <u>5-2-60</u> to <u>12-13-60</u> and last saw her/him alive on <u>12-13-60</u> Death occurred at <u>7:58 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>John L. Hester Sr.</i>						22b. ADDRESS <u>Cole Camp, Missouri</u>			22c. DATE SIGNED <u>12-13-60</u>				
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE 12-16-1960		23c. NAME OF CEMETERY OR CREMATORY Cole Camp Memorial		23d. LOCATION (City, town, or county) Cole Camp		STATE Mo					
24. FUNERAL DIRECTOR ADDRESS E L Eickhoff Cole Camo Mo					25. DATE RECD. BY LOCAL REG. 12-13-1960		26. REGISTRAR'S SIGNATURE <i>E L Eickhoff</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 *E L Eickhoff*
E L Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Mo

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.