

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-006850
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1635

FILED VS FEB 28 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			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 ST. LOUIS, MISSOURI		Length of stay in 1b	c. CITY OR TOWN Sullivan		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		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 LETHA Middle E. Last ROHRER			4. DATE OF DEATH Month FEBRUARY Day 15 Year 1961		
5. SEX Female	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 6/17/1894	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mo., Mo.	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME George W. Gasperson		13b. MOTHER'S MAIDEN NAME Lou Ficke		14. NAME OF HUSBAND OR WIFE Harley Rohrer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Address Walter Rohrer, Bourbon, 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 CARDIAC ARRHYTHMIA					INTERVAL BETWEEN ONSET AND DEATH 1 MINUTE
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE					YEARS
DUE TO (c) 420.0					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ACUTE AND CHRONIC CHOLECYSTITIS WITH CHOLELITHIASIS AND CHOLEDOCHOLITHIASIS					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 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 NOV. 22, 1920 , to FEB. 15, 1961 and last saw her/him alive on FEB. 15, 1961 Death occurred at 9:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. Vermillion, M.D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 2/16/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-19-61	23c. NAME OF CEMETERY OR CREMATORY Bourbon Cemetery	23d. LOCATION (City, town, or county) (State) Bourbon, Mo.		
24. FUNERAL DIRECTOR Hoener Funeral Home, Cuba, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. FEB 17 1961	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

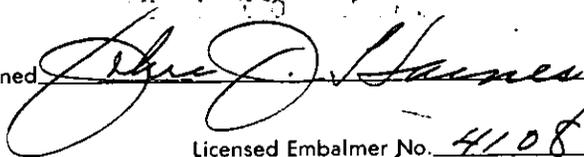
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4108

P. O. Address St Louis 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.