

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036128

STATE FILE NUMBER

AMENDED

Registration District No. 47 Primary Registration District No. 5166 Registrar's No. 258
FILED OCT 24 1961

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Annwassa Jackson Twp</u> Length of stay in lb <u>1 yr.</u>		c. CITY OR TOWN <u>Fulton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Siggers Nursing Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Grand St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Elberta</u> Middle <u>Rohn</u> Last <u>Rohn</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>19</u> Year <u>1961</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-28-1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Lady</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dept. Store</u>	9. AGE (last birthday) <u>86</u>
11a. FATHER'S NAME <u>Joseph F. Rohn</u>		11b. MOTHER'S MAIDEN NAME <u>Mary Adair</u>	11. BIRTHPLACE (City and state or country) <u>Annwassa, Mo.</u>
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes) <u>no</u> (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. SOCIAL SECURITY NO. <u>no</u>		13. NAME OF HUSBAND OR WIFE <u>Mrs. Dick Rohn Sedelia, Mo.</u>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarct</u>			INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>myocarditis, coronary sclerosis</u>			<u>years</u>
DUE TO (c) <u>Hypertensive Cardiovascular renal disease</u>			<u>years</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
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 <u>7:00</u> a.m. <u>AM</u> Month, Day, Year <u>15 Oct 61</u>			
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.) <u>Hillcrest</u>	20f. CITY, TOWN, OR LOCATION <u>Fulton</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>27 Feb 1950</u> to <u>19 Oct 61</u> and last saw her <u>alive on Sept 61</u> Death occurred at <u>7:00 AM 15 Oct 61</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E R Rohn M.D.</u> (Degree or title)		22b. ADDRESS <u>Fulton Mo.</u>	22c. DATE SIGNED <u>20 Oct 61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>10-21-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	23d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>
24. FUNERAL DIRECTOR <u>Caplan Funeral Home, Fulton, Mo.</u> ADDRESS <u>Fulton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 21-1961</u>	26. REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>

DEC 15 1961

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 Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, 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.