

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040286

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 410

FILED NOV 27 1961

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WAYNE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 69 Days	c. CITY OR TOWN CASCADE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NONE Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First GEORGE Middle WALTER Last ROHAN			4. DATE OF DEATH Month NOVEMBER Day 8 Year 1961			
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 4-29-99	9. AGE (last birthday) 62	IF UNDER 1 YEAR IF UNDER 24 HR 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 AGRICULTURE	11. BIRTHPLACE (City and state or country) BONNE TERRE, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME FRANK ROHAN	13b. MOTHER'S MAIDEN NAME JULIA SMITH	14. NAME OF HUSBAND OR WIFE KATIE ROHAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 2 Months
IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CORONARY THROMBOSIS.	
DUE TO (c) ARTERIOSCLEROSIS.		-

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	
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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.)
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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
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21. I attended the deceased from **August 31, 1961** to **Nov. 8, 1961** and her death occurred at **11:55 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Robert S. Cohen</i> ROBERT S. COHEN, M.D., Chief, Medical Svc.	22b. ADDRESS VA Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED 11/13/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-9-61	23c. NAME OF CEMETERY OR CREMATORY Tidwell Cem/Clubb Mo.	23d. LOCATION (City, town, or county) (State) Fredricktown, Mo.
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24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 11/22/1961	26. REGISTRAR'S SIGNATURE <i>Shelma Graham</i>
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DATE AMENDED

INSTEAD OF

SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edgar W. Taffman
Licensed Embalmer No. 3394
P. O. Address Poplar Bluff

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.