MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-000714
STATE FILE NUMBER

AMENDED

Registration District No. 65 Primary Registration District No. _____ Registrar's No. 3

FILED JAN 22 1962

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brunswick
Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Chariton
c. CITY OR TOWN Brunswick
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) East Broadway
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Ella Middle: Rohwedder Last:
4. DATE OF DEATH Month: 1 Day: 15 Year: 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-20-1875
9. AGE (last birthday) 86
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)
10b. KIND OF BUSINESS OR INDUSTRY House Work
11. BIRTHPLACE (City and state or country) Mendon, Mo. Chariton
12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME George Rohwedder
13b. MOTHER'S MAIDEN NAME Catherine Gleason
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Henry Dammon Address Brunswick, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Dead on arrival
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) see other side
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 _____ to _____ and last saw her/him alive on _____
Death occurred at 3.45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Drown C. Rice (Degree for title) M.D.
22b. ADDRESS Brunswick, Mo.
22c. DATE SIGNED Jan 17-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 18-1962
23c. NAME OF CEMETERY OR CREMATORY Old German Cemetery
23d. LOCATION (City, town, or county) Indian Grove (Chariton) (State) Mo.
24. FUNERAL DIRECTOR L. E. McCurry ADDRESS Brunswick, Mo.
25. DATE RECD. BY LOCAL REG. Jan 20-1962
26. REGISTRAR'S SIGNATURE Dovie Smith
(Licensed Embalmer's Statement on Reverse Side) See reverse side

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Jan 17-1962

The deceased was dead on my arrival. She evidenc
died of a coronary attack. I examined and treat
her at my office in 1956 at that time. She
an arteriosclerotic heart disease, her death wa
sudden.

Respr.
Grover C. Rice, M.D.
Brunswick - Mo -

MAR 27 1962

OCT 25 1962

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 _____ Signed L. E. McCurry
Signature of Student Embalmer

Licensed Embalmer No. 480

P. O. Address Brunsw[illegible] to comply

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa[illegible] 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.