

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010622  
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 70

DO NOT WRITE ON THIS STUB

AMENDED

**FILED APR 10 1962**

1. PLACE OF DEATH  
a. COUNTY Grundy  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton Length of stay in 1b 6 hrs  
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Memorial Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Linn  
c. CITY OR TOWN Humphreys Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Jackson TWP Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First John Middle R Last Rottmann 4. DATE OF DEATH Month April Day 1 Year 1962

5. SEX male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 5/15/1898 9. AGE (last birthday) 63 IF UNDER 1 YEAR Months 10 Days 16 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 Farm. 11. BIRTHPLACE (City and state or country) Linn County Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Wm. Rottmann 13b. MOTHER'S MAIDEN NAME Emilie Brehm 14. NAME OF HUSBAND OR WIFE Ethel Rottmann

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. [redacted] 17. INFORMANT Ethel Rottmann Humphreys Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cerebral Hemorrhage  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 1 day  
DUE TO (c) Germany

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  Month, Day, Year  a.m.  p.m.

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 March 31 62 to April 1 62 and last saw him alive on March 31 62 Death occurred at 1:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. J. Robertson M.D. (Degree or title) 22b. ADDRESS Trenton Mo 22c. DATE SIGNED 4/2/62

23a. BURIAL, CREMATION REMOVAL (Specify) Burial 23b. DATE 4/3/1962 23c. NAME OF CEMETERY OR CREMATORY Haseville Cemetery 23d. LOCATION (City, town, or county) (State) Humphreys Mo

24. FUNERAL DIRECTOR E. J. Robertson Funeral Home - Ladoga ADDRESS  25. DATE RECD. BY LOCAL REG. 4-3-62 26. REGISTRAR'S SIGNATURE Szene Fair

VS 300 Rev. 4/59  
1 0405  
2 0580  
3  
4 0  
5 1  
6  
7 0  
8 0  
9 331X  
10  
11  
12 2-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

APR 24 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 \_\_\_\_\_  
Signature of Student Embalmer

Signed J. M. Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo

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.