

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-022520

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 147

FILED JUL 9 1962

VS 300
Rev. 4/59

1 0365

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Franklin

2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission)
a. STATE Mo. b. COUNTY Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Length of stay in lb 50 yrs

c. CITY OR TOWN Washington Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp. Inside Limits Yes No

d. STREET ADDRESS 918 E. Fifth St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Caroline Rolf

4. DATE OF DEATH Month Day Year July 2, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9/7/1881 9. AGE (last birthday) 80 IF UNDER 1 YEAR Months Days Hours Min. 9 25 IF UNDER 24 HR.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and state or country) Jeffersburg, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Phillip Lucas 13b. MOTHER'S MAIDEN NAME Mary Brenner 14. NAME OF HUSBAND OR WIFE Bernard Rolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT William H. Rolf Address Washington, 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 coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 1 hour
DUE TO (b) Arterio-sclerosis
DUE TO (c) age
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) Chr. Choleliths + Anemia 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

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 April 30, 1957 to July 2, 1962 and last saw her normal alive on July 1, 1962
Death occurred at 12:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. Muench M.D. 22b. ADDRESS 208th Washington Mo 22c. DATE SIGNED 7/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial July 4, 1962 23b. DATE July 4, 1962 23c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery 23d. LOCATION (City, town, or county) (State) Washington, Mo.

24. FUNERAL DIRECTOR Nieburg & Witt, Washington, Mo. ADDRESS St. H. Dist. 25. DATE RECD. BY LOCAL REG. 7/2/62 26. REGISTRAR'S SIGNATURE Leola C. Erdmann

USE BLACK INK OR TYPEWRITER RIBBON

JUL 10 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 Lester A. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.