MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-037495
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 343

FILED NOV 13 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0017
2 0610
3 2
4 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Length of stay in 1b: 2 Hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Kirksville Osteopathic — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First CYNTHIA Middle JEAN Last ROHRBOUGH
4. DATE OF DEATH: Month Nov Day 2 Year 1962
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 30 1949
9. AGE (last birthday): 13 — IF UNDER 1 YEAR: Months 4 Days 2 — IF UNDER 24 HR: Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Flint Michigan
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John L. Rohrbough
13b. MOTHER'S MAIDEN NAME: Kathryn J. Waltmire
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: John L Rohrbough, La Plata, Mo. — Address

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): Pulmonary Congestion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute congestive heart failure
DUE TO (c): encephalomyelitis, type unspecified
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): Left sided paralysis
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.) None
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.): None
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 3 at 9:20p.m. to 10:50 p.m. and last saw her ~~him~~ alive on 9:20pm
Death occurred at 10:50 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wilson P. Bailey DO (Degree or title)
22b. ADDRESS: Kirksville, Missouri
22c. DATE SIGNED: 11/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/5/62
23c. NAME OF CEMETERY OR CREMATORY: La Plata Cemetery
23d. LOCATION (City, town, or county) (State): La Plata Missouri

24. FUNERAL DIRECTOR: Wilson Funeral Home, La Plata, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: Nov 8, 1962
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Permit issued Nov 3, 1962

Wilson P. Bailey D.O.

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 Kenneth Wilson

Signature of Student Embalmer

Licensed Embalmer No. 4701

P. O. Address La Plata 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.