

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041298
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 50

FILED OCT 31 1962

V5 300
Rev. 4/59

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210 20

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 1.2em;">Shelby</p>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center; font-size: 1.2em;">Shelbyville</p>		Length of stay in 1b <p style="text-align: center; font-size: 1.2em;">2 wks.</p>	c. CITY OR TOWN <p style="text-align: center; font-size: 1.2em;">Shelbyville, Mo...</p>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 1.2em;">Present Hill Rest Home</p>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <p style="text-align: center; font-size: 1.2em;">Present Hill Rest Home</p>		
3. NAME OF DECEASED (Type or print) <p style="text-align: center; font-size: 1.2em;">Dave Rorabaugh</p>			First	Middle	Last	
4. DATE OF DEATH <p style="text-align: center; font-size: 1.2em;">Oct. 19, 1962</p>			Month	Day	Year	
5. SEX <p style="text-align: center; font-size: 1.2em;">Male</p>	6. COLOR OR RACE <p style="text-align: center; font-size: 1.2em;">White</p>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center; font-size: 1.2em;">Feb. 6, 1874.</p>	9. AGE (last birthday) <p style="text-align: center; font-size: 1.2em;">88</p>	IF UNDER 1 YEAR Months 8 Days 13	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center; font-size: 1.2em;">Retired Farmer</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center; font-size: 1.2em;">Scotland Co., Mo.</p>		11. BIRTHPLACE (City and state or country) <p style="text-align: center; font-size: 1.2em;">U.S.A.</p>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <p style="text-align: center; font-size: 1.2em;">Aaron Rorabaugh</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center; font-size: 1.2em;">Mary Ann Campel</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center; font-size: 1.2em;">Lula Rorabaugh</p>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center; font-size: 1.2em;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center; font-size: 1.2em;">none</p>		17. INFORMANT <p style="text-align: center; font-size: 1.2em;">Mrs Lula Rorabaugh, Shelbyville, Mo</p>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <p style="text-align: center; font-size: 1.2em;">Arterio Sclerosis</p> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <p style="text-align: center; font-size: 1.2em;">Fracture of femur Sept 3-1962</p>				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		
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.)				
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		
21. I attended the deceased from <p style="text-align: center; font-size: 1.2em;">Oct 8, 1962</p> to <p style="text-align: center; font-size: 1.2em;">Oct 19, 1962</p> and last saw him alive on <p style="text-align: center; font-size: 1.2em;">Oct 18-1962</p> Death occurred at <p style="text-align: center; font-size: 1.2em;">11:00</p> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <p style="text-align: center; font-size: 1.2em;">P. C. Wheeler M.D.</p>			(Degree or title)	22b. ADDRESS <p style="text-align: center; font-size: 1.2em;">Shelbyville Mo</p>	22c. DATE SIGNED <p style="text-align: center; font-size: 1.2em;">10-25-62</p>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center; font-size: 1.2em;">Burial</p>	23b. DATE <p style="text-align: center; font-size: 1.2em;">Oct. 22, 1962</p>	23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center; font-size: 1.2em;">Concord Cemetery</p>		23d. LOCATION (City, town, or county) <p style="text-align: center; font-size: 1.2em;">10 mi. N E of Bethel, Mo</p>		
24. FUNERAL DIRECTOR <p style="text-align: center; font-size: 1.2em;">C.W. Musgrove, Bethel, Mo.</p>			ADDRESS	25. DATE RECD. BY LOCAL REG. <p style="text-align: center; font-size: 1.2em;">10-26-1962</p>	26. REGISTRAR'S SIGNATURE <p style="text-align: center; font-size: 1.2em;">Marianne Simpson</p>	

USE BLACK INK OR TYPEWRITER RIBBON

FEB 21 1963

Permit Not Secured - Not

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 Self, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward W. [Signature]

Licensed Embalmer No. 2719

P. O. Address Berkel, 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.