MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047542

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 4271 Registrar's No. 110

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED JAN 2 1963

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ALMA
Length of stay in 1b
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: LAFAYETTE
c. CITY OR TOWN: ALMA
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First OSWALD Middle HENRY Last ROLF
4. DATE OF DEATH: Month DEC. Day 24 Year 1962
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/19-1884
9. AGE (last birthday): 78
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): FARMING
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): ALMA - Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: JOHN F. ROLF.
13b. MOTHER'S MAIDEN NAME: CLARA KOENKER
14. NAME OF HUSBAND OR WIFE: LYDIA ROLF
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: LYDIA ROLF Address: ALMA MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Atherosclerotic Hepatitis Cirrhosis
INTERVAL BETWEEN ONSET AND DEATH: 18 mo
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)
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 Sept 62, to Dec 24 and last saw her/him alive on Dec 4/1962
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Marvin E Rothe MD (Degree or title)
22b. ADDRESS: Marshall Mo
22c. DATE SIGNED: 12/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: DEC. 26-1962
23c. NAME OF CEMETERY OR CREMATORY: TRINITY LUTH. CEM.
23d. LOCATION (City, town, or county) (State): ALMA MISSOURI
24. FUNERAL DIRECTOR ADDRESS: BREMER-WIEGERS-RIEKHOF-ALMA-Mo
25. DATE RECD. BY LOCAL REG.: Dec. 31. 1962
26. REGISTRAR'S SIGNATURE: Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	0540	2540	
3			
4	0		
5	1		
6			
7	0		
8	2		
9	581.0		
10			
11			
12	90-0		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

JAN 9 1963

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 Roy F. Wiegers

Licensed Embalmer No. 2883

P. O. Address Higginsville 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.