

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27463**

FILED SEP 1 1949

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>5796</u>		Registrar's No. <u>40</u>			
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Moniteau</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural / Walker</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Walker</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 mi. north of California</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>on road 3 mi. n. of California Mo</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>ROHRBACH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 2 1949</u>						
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>single</u>	8. DATE OF BIRTH <u>July 31, 1942</u>		9. AGE (In years last birthday) <u>7</u> <small>IF UNDER 1 YEAR</small> Months <u>2</u> <small>IF UNDER 12 HRS.</small> Hours <u>2</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Moniteau Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Emmett Rohrbach</u>			13b. MOTHER'S MAIDEN NAME <u>Ruth Oleri</u>		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Emmett Rohrbach</u> ADDRESS <u>California Mo</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Accidental death, due to crushing injury to chest and abdomen. Tractor accident.</u> ANTECEDENT CAUSES <u>Forbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>39/25</u> <u>4 1/2</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>No operation, child was dead when she arrived at Hospital 8-2-49. 1:30 p.m.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <u>L</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road 3 mi. north California Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>68</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 2 49 1 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tractor Backed against girl crushing her against post.</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to <u>8-2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>head on ground</u> , 19____, and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. L. Latham M.D.</u> (Degree or title)				23b. ADDRESS <u>California Mo</u>		23c. DATE SIGNED <u>8-3-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug 4, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo</u>				
DATE REC'D BY LOCAL REG. <u>Aug 4-49</u>		REGISTRAR'S SIGNATURE <u>H. R. Popsjey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u>		ADDRESS <u>California, Mo</u>			

RECEIVED
AUG 29 1949
District Health Officer No. 9
District File Number

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.

Signed.....
Student Embalmer

Signed A. E. Wilson
Licensed Embalmer No. 2351
P. O. Address California, 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 this body is not embalmed, fact should be so stated above.