

No. 306
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21057**

FILED JUL 6 - 1951

BIRTH NO. _____ REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **6018** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RAY	
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN RURAL FISHING RIVER		c. CITY (If outside corporate limits, write RURAL and give township) 0840 OR TOWN RURAL FISHING RIVER TOWNSHIP	
c. LENGTH OF STAY (In this place) 30 years		d. STREET ADDRESS (If rural, give location) 6 MILES SOUTH LAWSON	
d. FULL NAME OF HOSPITAL OR INSTITUTION Smiles South Lawson			

3. NAME OF DECEASED (Type or Print)	a. (First) BEN	b. (Middle) BARNARD	c. (Last) ROHLS.	4. DATE OF DEATH (Month) (Day) (Year) JUNE 21 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JANUARY 12, 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 5 Days 9	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINING AND FARMING	10b. KIND OF BUSINESS OR INDUSTRY COAL MINING	11. BIRTHPLACE (State or foreign country) WISCONSIN	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ARNEY ROHLS	13b. MOTHER'S MAIDEN NAME MARY J. ROHLS	14. NAME OF HUSBAND OR WIFE NORA (MOONEY) ROHLS.
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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'S SIGNATURE OR NAME LOUIS P. ROHLS ADDRESS ELDON, MO
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-renal complex		
	ANTECEDENT CAUSES (Coronary) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 442X YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 20, 1951**, to **June 21, 1951**, that I last saw the deceased alive on **June 21, 1951**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lester Lawson M.D.	23b. ADDRESS Excelsior Springs, Mo	23c. DATE SIGNED 6-26-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 20, 1951	24c. NAME OF CEMETERY OR CREMATORY SUNNY SLOPE CEMETERY	24d. LOCATION (City, town, or county) (State) RICHMOND, MISSOURI
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DATE REC'D BY LOCAL REG. 6-30-51	REGISTRAR'S SIGNATURE Nelen Lawson	25. FUNERAL DIRECTOR'S SIGNATURE West-Like FUNERAL Home ADDRESS Richmond, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1890



JUL 25 1951

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
Student Embalmer

Signed *George L. P.*

Licensed Embalmer No. *4065*

P. O. Address *Richmond, 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.