

S. No. 30 FILED MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12546**

ev. 10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 14

7350  
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1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Lyon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Lyon 0350</u>	
c. LENGTH OF STAY (in this place) <u>38 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Beaufort Mo RHR.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Lydia</u> (Type or Print)		b. (Middle)		c. (Last) <u>Rohlfing</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 2 1952</u>	
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Oct 27 1880</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 2 HRS. Days <u>5</u>	Hours <u>5</u>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Dessen Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Moellenbrock</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Holtgrewe</u>	14. NAME OF HUSBAND OR WIFE <u>E. L. Rohlfing</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. L. Rohlfing</u>	ADDRESS <u>Beaufort Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u>		<u>Years</u>
	DUE TO (c) <u>Diabetes Mellitus</u>		<u>Years</u>
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 <u>260X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 1935 to Apr 2, 1952 that I last saw the deceased alive on Apr 2, 1952, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Matthews M.D.</u> (Degree or title)	23b. ADDRESS <u>Beaufort Mo</u>	23c. DATE SIGNED <u>4-2-52</u>
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24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE <u>Apr 5 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St John Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Beaufort Mo</u>
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DATE REC'D BY, LOCAL REG. <u>H-352</u>	REGISTRAR'S SIGNATURE <u>H. L. Matthews</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Holmme</u>	ADDRESS <u>Beaufort Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

*E H Temme*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *E H Temme*

Licensed Embalmer No. *3076*

P. O. Address *Beaufort 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.