

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26827**

THU AUG 11 1952

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

BIRTH NO. _____		REG. DIST. NO. B23		PRIMARY REG. DIST. NO. 6091		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Saline 09701				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Saline 09701			
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Salt Pond		c. LENGTH OF STAY (In this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural Salt Pond 0		d. STREET ADDRESS (If rural, give location) 2 1/2 miles E. of Sweet Springs, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 miles E. of Sweet Springs				d. STREET ADDRESS (If rural, give location) 2 1/2 miles E. of Sweet Springs, Mo			
3. NAME OF DECEASED a. (First) Charles		b. (Middle) Walton		c. (Last) Rothrock		4. DATE OF DEATH (Month) (Day) (Year) Aug 2 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Aug 17, 1908		9. AGE (In years last birthday) 43	10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 11 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel Rothrock		13b. MOTHER'S MAIDEN NAME Mary J. Mayse		14. NAME OF HUSBAND OR WIFE Gladys Rothrock			
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys Rothrock Sweet Springs, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electric Shock - Resident				INTERNAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES 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. E9141 22					
19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION 97				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Barn Yard		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sweet Springs, Saline, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 2, 1952, 10⁰⁰ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Contact with Electric wire			
22. I hereby certify that I attended the deceased from home made an medical visitation Aug. 3, 1952, 19 , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE D. Lawrence M.D. 3				23b. ADDRESS Marshall Mo.		23c. DATE SIGNED Aug 3, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 5, 1952	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Sweet Springs Mo		
DATE REC'D BY LOCAL REG. 8/4/52		REGISTRAR'S SIGNATURE Dolly Andrew		25. FUNERAL DIRECTOR'S SIGNATURE Edgar A. Mosely		ADDRESS Sweet Springs, Mo.	

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

Edgar L. Moseley

Licensed Embalmer No. *4711*

P. O. Address *Sweet Springs, 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.