

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31231

State File No. _____

FILED OCT 6 1952

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 53

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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>Missouri</u> b. COUNTY <u>Crawford</u> | |
| b. CITY OR TOWN <u>Sullivan</u> | c. LENGTH OF STAY (in this place) <u>6 days</u> | c. CITY OR TOWN <u>Bowling</u> | <u>1280</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northside Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>Rt #1</u> | |

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|---|-------------------------------|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>L.</u> c. (Last) <u>Rothert</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-30-1952</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 30 - 1952</u> |
| 9. AGE (in years last birthday) <u>76</u> | | 10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Commission man</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Henry Rothert</u> | 13b. MOTHER'S MAIDEN NAME <u>Johanna Hestey</u> | 14. NAME OF HUSBAND OR WIFE <u>Anna Tallis - Deceased</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gertrude Chapman</u> |
| | | ADDRESS <u>Bowling 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTESTINAL OBSTRUCTION</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u> |
| | | ANTECEDENT CAUSES 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>5705</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) |
| 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? |

22. I hereby certify that I attended the deceased from 9-29, 1952, to 9-30, 1952, that I last saw the deceased alive on 9-30, 1952, and that death occurred at 10-25 AM., from the causes and on the date stated above.

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|--|--|--|--|------------------------------------|
| 23a. SIGNATURE <u>Ronald H. Scott</u> | | 23b. ADDRESS <u>Bourbon Missouri</u> | | 23c. DATE SIGNED <u>10-1-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>10-3-1952</u> | 24c. NAME OF CEMETERY OR CREMATORIAL <u>Memorial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u> | |
| DATE REC'D BY LOCAL REG. <u>10-1-52</u> | REGISTRAR'S SIGNATURE <u>Ch. Trachsel</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman C. Hansen</u> | ADDRESS <u>Cuba, Mo</u> | |

(Licensed Embellisher's Statement on Reverse Side)

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

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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 Harman C. Haener

Licensed Embalmer No. H673

P. O. Address Cuba, Missouri

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.