

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31410

State File No.

FILED SEP 29 1952

BIRTH NO.		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lenny</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>2 mo</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Clinton Mo 0422</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>702 EAST Ohio</u>				d. STREET ADDRESS (If rural, give location) <u>702 East Ohio</u>			
3. NAME OF DECEASED (Type or Print) <u>MISSOURI C. ROTHGEB</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 22 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>12/31/1854</u>		9. AGE (In years last birthday) <u>97</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>STONE Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>JOE B COONES</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA JANE COONES</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE W.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) <u>0</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS O W Knisley</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>Hypostatic pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
	ANTECEDENT CAUSES DUE TO (b) <u>Uremia</u>					12 day	
	DUE TO (c) <u>Chronic vascular nephritis</u>					unknown	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>						
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>446 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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 <u>Sept 1</u> , 1952, to <u>Sept 22</u> , 1952, that I last saw the deceased alive on <u>Sept 18</u> , 1952, and that death occurred at <u>4 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>S. B. ... M.D.</u>				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>9/23/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9/23/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD CEM</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>		
DATE REC'D BY LOCAL REG <u>Sept. 23 1952</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Cones</u> ADDRESS <u>Clinton Mo</u>			

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 _____

J E Consoler

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.