No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42068

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5455 Registrar's No. 1120

390
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Republic)
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway N One Mile N. Republic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Pond Creek) 0390 0
d. STREET ADDRESS (If rural, give location): 4½ Miles West of Republic

3. NAME OF DECEASED (Type or Print)
a. (First): ERNEST
b. (Middle): WILLIAM
c. (Last): ROHLMAN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 4, 1897
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Billings, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Rohlman
13b. MOTHER'S MAIDEN NAME: Lizzie Reinert
14. NAME OF HUSBAND OR WIFE: Ethel Blades

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 491-38-5367
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Wanda Maxwell Republic, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broken neck

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Republic Township Greene Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 15, 52 6:00 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: One car auto accident 037

22. *I hereby certify ~~that I attended the deceased from ____, 19__ to ____, 19__, that I last saw the deceased alive on ____, 19__, and~~ that death occurred at 6:20 P.M., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. E. Allen Pickens, Coroner
23b. ADDRESS: 407 Medical Arts Building
23c. DATE SIGNED: 12-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 17/52
24c. NAME OF CEMETERY OR CREMATORY: Wade Chapel Cemetery
24d. LOCATION (City, town, or county) (State): Republic, Mo.

DATE REC'D BY LOCAL REG.: 12-17-52
REGISTRAR'S SIGNATURE: Edith Williamson Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Max L. Fossett Republic, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed John L. McNabb

Signed.....
Student Embalmer

Licensed Embalmer No. 5635

P. O. Address Republic, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.