

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10843

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville Mo.		c. LENGTH OF STAY (In this place) 14 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perry Co. Memorial Hospital		e. STREET ADDRESS (If rural, give location) Perryville R.F.D. 2 0790	
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Clara	
		c. (Last) Rohlfling	
		4. DATE OF DEATH (Month) (Day) (Year) Feb. 14 1953	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 9 1884	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	
11. BIRTHPLACE (City and State or Foreign Country) Petersburg Mich. 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Krueger		13b. MOTHER'S MAIDEN NAME Ella Plass	
14. NAME OF HUSBAND OR WIFE Alvin Rohlfling			
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. None	
17. INFORMANT'S SIGNATURE OR NAME Alvin Rohlfling		ADDRESS Perryville Mo R 2	
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) Rupture of Right Atrium ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Sarcoma to Heart 2 Mo's DUE TO (c) Primary Sarcoma of I Leum 2 Mo's II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic sarcoma to liver 2 Mo's	
19a. DATE OF OPERATION -		19b. MAJOR FINDINGS OF OPERATION -	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		152X	
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) m.		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 30 Jan, 1953, to 15 Feb, 1953 that I last saw the deceased alive on 15 Feb, 1953 and that death occurred at 5:50 P. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. N. Payne, M.D.		23b. ADDRESS Perryville Mo	
23c. DATE SIGNED FEB 16 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 19, 1953	
24c. NAME OF CEMETERY OR CREMATORY Friedenburg Cemetery		24d. LOCATION (City, town, or county) (State) Perry Co. Mo.	
DATE REC'D BY LOCAL REG. 2-19-53		REGISTRAR'S SIGNATURE 250-1 Joe J. Zollner	
25. FUNERAL DIRECTOR'S SIGNATURE Young's Sons Perryville Mo		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 10 1958

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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.....  
Signature of Student Embalmer

Signed *Kallan Young*.....

Licensed Embalmer No. *4022*

P. O. Address *Perryville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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