

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30944**

FILED SEP 29 1953.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **5025** Registrar's No. **74**

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Templeton Twsp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Templeton Twsp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none</b>		d. STREET ADDRESS (If rural, give location) <b>none</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Eilert</b> b. (Middle) <b>Ekken</b> c. (Last) <b>Rosenbohm</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9-15-1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-18-1885</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>27</b>	IF UNDER 24 HRS. Hours <b>27</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (State or foreign country) <b>Atchison County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>Ekke Rosenbohm</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Rossmiller</b>	14. NAME OF HUSBAND OR WIFE <b>Lena Rosenbohm.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lena Rosenbohm,</b> ADDRESS <b>Rock Port. Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>  <b>15 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>332 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept**, 19**52**, to **9-15**, 19**53**, that I last saw the deceased alive on **9-15**, 19**53** and that death occurred at **4:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wallace Carpenter M.D.</b>	23b. ADDRESS <b>Rock Port Mo.</b>	23c. DATE SIGNED <b>9-21-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-17-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hunter Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Rock Port, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Sept 22 1953</b>	REGISTRAR'S SIGNATURE <b>Merwin J. Schaefer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bartholomew Mortuary, Rockport.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0230

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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 Grady Berthalouca.....

Licensed Embalmer No. 3173.....

P. O. Address Rock Port. 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. \*