

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED OCT 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>329</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> <u>0013</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>108 days</u>	c. CITY OR TOWN <u>Kirkville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirkville Osteopathic Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>207 East Jefferson Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u>		b. (Middle) <u>Rose</u>	c. (Last) <u>Rothschild</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 13, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 28, 1889</u>	9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR: MONTHS <u>4</u> DAYS <u>14</u> IF UNDER 1 HR.: HOURS _____ MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin, Missouri</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Henry Kraft</u>		13b. MOTHER'S MAIDEN NAME <u>Rena</u>	14. NAME OF HUSBAND OR WIFE <u>Norman Rothschild</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Norman Rothschild</u> ADDRESS <u>Kirkville, Mo</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>Medullary Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma</u> DUE TO (c) <u>adenocarcinoma of breast</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>6 mo</u> <u>2 yrs</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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) <u>170 X</u>		
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>June 27, 1952</u> , to <u>Oct 13, 1953</u> , that I last saw the deceased alive on <u>Oct 13, 1953</u> , and that death occurred at <u>2:45 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>M. T. Gutenschn ² D.O.</u>		23b. ADDRESS <u>Kirkville Mo</u>		23c. DATE SIGNED <u>10-13-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct 14, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ramsey, Ill</u>	24d. LOCATION (City, town, or county) (State) <u>Ramsey, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 13 1953</u>	REGISTRAR'S SIGNATURE <u>Noto Lambert</u> <u>0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert B. Davis Kirkville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 23 1958

OCT 30

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 *Robert B. Davis*

Licensed Embalmer No. *4219*

P. O. Address *Kirksville*

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.