

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18935

FILED JUN 16 1955

State File No. \_\_\_\_\_

2299

|   |  |   |  |   |  |   |  |                                  |  |
|---|--|---|--|---|--|---|--|----------------------------------|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. _____   |  |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE _____ b. COUNTY _____            |  |   |  |                                  |  |
| b. CITY OR TOWN <u>KANSAS CITY</u>  |  | c. LENGTH OF STAY (in this place) _____   |  | c. CITY OR TOWN <u>0</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1010 WYANDOTTE</u>   |  |   |  | f. STREET ADDRESS (If rural, give location) <u>3128</u>   |  |   |  |                                  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>DOREN</u>   |  |   | b. (Middle) _____                                |   |  | c. (Last) <u>ROTEN</u>  |  |                                  |  |
| 4. DATE OF DEATH  |  | (Month) <u>5</u>  |  | (Day) <u>25</u>   |  | (Year) <u>55</u>  |  |                                  |  |
| 5. SEX <u>M</u>   |  | 6. COLOR OR RACE <u>W</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIV</u>   |  | 8. DATE OF BIRTH <u>SEPT 25 1920</u>  |  |                                  |  |
| 9. AGE (In years last birthday) <u>34</u>   |  | IF UNDER 1 YEAR<br>Months _____   |  | IF UNDER 1 YEAR<br>Days _____   |  | IF UNDER 1 HRS.<br>Hours _____  |  |                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>IRON WORKER</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>JOPLIN, Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>   |  |                                  |  |
| 13a. FATHER'S NAME <u>JAMES ROTEN</u>   |  |   | 13b. MOTHER'S MAIDEN NAME <u>FRANCIS LATHROP</u> |   |  | 14. NAME OF HUSBAND OR WIFE _____   |  |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>  |  | 16. SOCIAL SECURITY NO. <u>W.W. II</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PENDELTON BAYTER</u>  |  | ADDRESS <u>KANSAS SPRINGS</u>   |  |                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bullet Wound Head</u>                            |  |   |  | INTERVAL BETWEEN ONSET AND DEATH |  |
|   |  |   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | e.g. 7/6x                        |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>No Relatives Found as yet</u>  |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                       |  |                                  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>              |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Kansas City Jackson Mo</u>  |  |   |  |                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-25-55</u>  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <u>Self Inflicted</u>  |  |   |  |                                  |  |
| 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 _____ m., from the causes and on the date stated above. |  |   |  |   |  |   |  |                                  |  |
| 23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) _____   |  |   |  | 23b. ADDRESS <u>1034 Prater Bldg</u>  |  | 23c. DATE SIGNED <u>5-26-55</u>   |  |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REM</u>  |  | 24b. DATE <u>5-26-55</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY _____  |  | 24d. LOCATION (City, town, or county) (State) <u>JOPLIN, Mo.</u>  |  |                                  |  |
| DATE REC'D BY LOCAL REG. <u>5-27-55</u>   |  | REGISTRAR'S SIGNATURE <u>Neva Marshall</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBBETO'S</u>   |  | ADDRESS <u>K.C. Mo.</u>   |  |                                  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

1935 95 180

1935 95 180

1935 95 180

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, ~~by~~ ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Forest D. Caldwell*

Licensed Embalmer No. *4717*  
P. O. Address *K.C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.