

No. 300
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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 372

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5667</u>		Registrar's No. <u>372</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Lincoln</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Troy, Missouri</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Charles</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY OR TOWN <u>Josephville Mo</u>		d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Co. Memorial Hospital</u>							
e. STREET ADDRESS (If rural, give location) <u>0920</u>							
3. NAME OF DECEASED		a. (First) <u>Leonard</u>		b. (Middle) <u>Joseph</u>		c. (Last) <u>Rothermich</u>	
(Type or Print)						4. DATE OF DEATH	
						Nov. 22, 1955	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Sept. 20, 1883</u>	
						9. AGE (In years last birthday) <u>72</u>	
						IF UNDER 1 YEAR: Months <u>2</u> Days <u>2</u>	
						IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Josephville, Missouri</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leonard Rothermich</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wilmes</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Rothermich</u>	
						ADDRESS <u>Wentzville, Mo. RR</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>			
				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				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. <u>334x</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
						YES <input type="checkbox"/> NO <input 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)			
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?			
22. I hereby certify that I attended the deceased from <u>11/18</u> , 1955, to <u>11/22</u> , 1955, that I last saw the deceased alive on <u>11/22</u> , 1955, and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H.C. Mc Murray MD</u>				23b. ADDRESS <u>Wentzville Mo.</u>		23c. DATE SIGNED <u>11/23/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 25, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Josephville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-3-1955</u>		REGISTRAR'S SIGNATURE <u>Emma B. Piddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. P. ...</u>		ADDRESS <u>Wentzville Mo.</u>	

(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, Student Embalmer No. working under my personal supervision.:

Student.....
Signature of Student Embalmer

Signed *James M. Titman*.....

Licensed Embalmer No. *305*

P. O. Address *Huntville*

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.