

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4184**  
**61**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **61**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. CITY OR TOWN <b>Jefferson City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>two days</b>		e. STREET ADDRESS (If rural, give location) <b>Rural Route # 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Mary's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>	b. (Middle) <b>ANDREW</b>	c. (Last) <b>ROHRBECK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Febr 20 '56</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>Never Married</b>	8. DATE OF BIRTH <b>April 4th 1885</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Month <b>8</b> Day <b>20</b>	IF UNDER 24 HRS. Hour <b>—</b> Min. <b>—</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Factory Worker (Ret.)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Jefferson City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Karl Rohrbek</b>	13b. MOTHER'S MAIDEN NAME <b>Sophia Shirmer</b>	14. NAME OF HUSBAND OR WIFE <b>Never Married</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If you give war or date of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs Clarence Phillips 1202 St. Mary's Jeff City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atherosclerosis Heart</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio sclerosis</b> DUE TO (c) <b>beriberi</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio sclerosis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 **2-18, 1956** to **2-20, 1956** that I last saw the deceased alive on **2-20, 1956** and that death occurred at **5:30** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J.S. Bruce M.D.</b>	23b. ADDRESS <b>234 Madison Jefferson City Mo</b>	23c. DATE SIGNED <b>2-21-56</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Febr 22nd '56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Longview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>28 Feb 1956</b>	REGISTRAR'S SIGNATURE <b>R.P. Davis M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Tanner Funeral Home, Grand</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Source

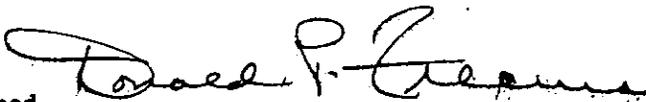
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STATEMENT BY LICENSED EMBALMER

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.....  
  
Donald P. Freeman

Licensed Embalmer No. 4623.....

P. O. Address Jeff City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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