

30C-48

FILED APR 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12744

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN <u>Jefferson City</u>	c. LENGTH OF STAY (in this place) <u>14 days</u>	c. CITY OR TOWN <u>Vienna</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>Charles E. Still Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>66th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wade</u> b. (Middle) <u>Hampton</u> c. (Last) <u>Rothwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 20, 1877</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attorney</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Attorney</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ashland Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>
13a. FATHER'S NAME <u>Alex Rothwell</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Price</u>		14. NAME OF HUSBAND OR WIFE <u>Lee Rothwell</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lee Rothwell</u> ADDRESS <u>Vienna 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, 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) <u>Uremia.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hepato-Renal Failure</u> DUE TO (c) <u>Circulatory Failure</u>		
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	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)
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 March 27, 1956 to April 9, 1956, that I last saw the deceased alive on April 9, 1956 and that death occurred at 3:40 P. M., from the causes and on the date stated above.

23. SIGNATURE <u>Eugene E. Roberts</u> (Degree or title)		23b. ADDRESS <u>Jefferson City MO</u>		23c. DATE SIGNED <u>April 9:50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11 APR 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vienna</u>	24d. LOCATION (City, town, or county) (State) <u>Vienna Marion Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Birmingham</u> ADDRESS <u>Vienna Mo</u>	
DATE REC'D BY LOCAL REG. <u>10 April 1956</u>	REGISTRAR'S SIGNATURE <u>R. J. Davis MD</u>				

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

APR 18 1958

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 *W. B. Cunningham*

Licensed Embalmer No. 366

P. O. Address *.....*

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.