

FILED JUN 8 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16817

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give town or township) Carthage		c. LENGTH OF STAY (in this place) 5 yrs	c. CITY OR TOWN Carthage		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 308 E. Macon St.			e. STREET ADDRESS (If rural, give location) 308 E. Macon St. 0490		
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) EARL c. (Last) ROTHGEB			4. DATE OF DEATH (Month) (Day) (Year) May 19, 1956		
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 29, 1920		9. AGE (In years last birthday) 35 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) distributor -- McGuire Novelty Co		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) 0 Pomona, Missouri		12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME Don Rothgeb Sr.		13b. MOTHER'S MAIDEN NAME Josie Heaston		14. NAME OF HUSBAND OR WIFE Irene Larry Rothgeb	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. yes 496-10-3067	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Irene Rothgeb, 308 Macon, Carthage, Mo		
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 INTERVAL BETWEEN ONSET AND DEATH		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			SUFFOCATION DUE TO CONFLAGRATION		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			BLOOD ALCOHOL DETERMINATIONS UNSUCCESSFUL DUE TO PRESENCE OF CARBON MONOXIDE		
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) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CARTHAGE 16 JASPER MO.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-19-56 3:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? FELL ASLEEP WITH LIGHTED CIGARET STARTED FIRE SUFFOCATED		
22. I hereby certify that I attended the deceased from <u>DID NOT ATTEND</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>APP 3:30am</u> , 19 <u>56</u> , and that death occurred <u>APP 3:30am</u> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Wendell M. Brown</i>			23b. ADDRESS <i>Wendell M. Brown, 1114 S. 1st St., Carthage, Mo.</i>		23c. DATE SIGNED 5/24/56.
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-22-1956	24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Willow Springs, Mo	
DATE REC'D BY LOCAL REG. 5-26-56		REGISTRAR'S SIGNATURE <i>E. H. Clenton</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary Carthage, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number  
Date Filed  
JUN 7 1956

APR 8 1957

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 H. Knell

Licensed Embalmer No..... 445

P. O. Address... Carthage

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.