

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20282**

FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **87**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		b. COUNTY Grundy	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Trenton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1901 OAK ST.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
F. STREET ADDRESS		(If rural, give location) 1901 OAK ST. 04020	

3. NAME OF DECEASED (Type or Print) a. (First) Gas b. (Middle) Orrville c. (Last) Rosentangle			4. DATE OF DEATH (Month) (Day) (Year) June 19 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Dec. 16, 1896		9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRAKE MAN		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and State or Foreign Country) 0 Moberly, MO	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Chas. Henry Rosentangle		13b. MOTHER'S MAIDEN NAME EMMA Rowland		14. NAME OF HUSBAND OR WIFE HALLIE Rosentangle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME HALLIE Rosentangle ADDRESS Trenton, MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 year	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor		DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION Aug 1955		19b. MAJOR FINDINGS OF OPERATION Brain Tumor		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) m.		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 **June 27th, 1955**, to **June 19th, 1956** that I last saw the deceased alive on **June 26th, 1956** and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Oliver F. Duff, M.D. (Degree or title)		23b. ADDRESS Trenton, MO		23c. DATE SIGNED June 26th 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/21/56		24c. NAME OF CEMETERY OR CREMATORY RESTHAVEN MEM GARDEN	
24d. LOCATION (City, town, or county) (State) Trenton, MO					

DATE REC'D BY LOCAL REG. 6-21-56		REGISTRAR'S SIGNATURE Frene Fair		25. FUNERAL DIRECTOR'S SIGNATURE Gordon Bleckman ADDRESS Trenton, MO	
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DO NOT WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 25 1956
MAY 27 1956

APR 17 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold F. Roberts*

Licensed Embalmer No. *49-2*

P. O. Address *Wenton, Va*

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.