

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30339

STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 15 1956 Registration District No. 110 Primary Registration District No. 5425 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boeuf		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN New Haven RFD Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OF 8 Miles S.W. of INSTITUTION New Haven, Mo.		Length of stay in lb 57 Yrs	d. STREET ADDRESS 8 Miles S.W. of New Haven Mo
3. NAME OF DECEASED (Type or print) MARTHA LOUISE ROHLFING		4. DATE OF DEATH Month 10 Day 10 Year 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-25-1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and state or country) St. Charles, Mo
13. FATHER'S NAME Herman Wallenbrock		14. MOTHER'S MAIDEN NAME Minnie Kemper	
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. None	17. INFORMANT Gilbert Rohlfing, New Haven, Mo RFD
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bowel obstruction due to mesenteric thrombosis			INTERVAL BETWEEN ONSET AND DEATH 72 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerosis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 12/30/52 to 10/10/56 and last saw ^{her} / _{him} alive on 10/10/56 Death occurred at 6:15P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. G. Gieserman M.D.		22b. ADDRESS New Haven, Missouri	22c. DATE SIGNED 10/11/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-13-1956	23c. NAME OF CEMETERY OR CREMATORY Immanuel M.E. Cemetery	23d. LOCATION (City, town, or county) (State) Berger RFD Mo
24. FUNERAL DIRECTOR Paul H. Blum Berger Mo		25. DATE RECD. BY LOCAL REG. 10/12/1956	26. REGISTRAR'S SIGNATURE Nellie Murphy

(Licensed Embalmer's Statement on Reverse Side)

5010

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.....
John S. Henn

Licensed Embalmer No... 71

P. O. Address... St. La

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.