

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009448  
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 110 Primary Registration District No. 4182 Registrar's No. 36

300  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>New Haven Mo.</b>		c. CITY OR TOWN <b>New Haven 0360</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Entire Life</b>		d. STREET ADDRESS (If outside, give location) <b>Entire Life</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>ANNIE LOUISE ROHLFING</b>		4. DATE OF DEATH Month Day Year <b>March 25, 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 21, 1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <b>69 6 4</b>
11. BIRTHPLACE (City and state or country) <b>Senate Grove Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Julius Meyer</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Rethemeyer</b>	14. NAME OF HUSBAND OR WIFE <b>Louis H. Rohlfing</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mr. William Meyer Hermann Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Epileptic convulsion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral vascular disease with thrombosis</b>			<b>3 yrs.</b>
DUE TO (c) <b>Arteriosclerosis with hypertension</b>			<b>15 yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>332X</b>			
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.		<b>2</b>	
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 <b>1/12/38</b> to <b>3/25/58</b> and last saw her alive on <b>3/25/58</b> Death occurred at <b>8:20</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>B.P. Hermann</b> (Degree or title) <b>M. D.</b>		22b. ADDRESS <b>New Haven, Missouri</b>	22c. DATE SIGNED <b>3/27/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar. 28 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. John's E. &amp; R. Berger</b>	23d. LOCATION (City, town, or county) (State) <b>Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>L. C. Fertig &amp; Son New Haven Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar. 28-1958</b>	26. REGISTRAR'S SIGNATURE <b>Nettie Murphy</b>

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, ~~and by~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Earl C. Guter* .....

Licensed Embalmer No. *13375* .....  
P. O. Address *New Haven* .....

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.