

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025278

STATE FILE NUMBER

FILED AUG 12 1958

Registration District No. 139

Primary Registration District No. 5541

Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Atchison</u> HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY OR TOWN <u>Union Mo.</u> (If outside, give TOWNSHIP only) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>CRAIG</u>		c. CITY OR TOWN <u>Langdon</u> 00300 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If outside, give location) <u>none</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Darrell</u> Middle <u>Irván</u> Last <u>Rosenbohm</u>			4. DATE OF DEATH Month <u>8</u> Day <u>5</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-9-1925</u>		9. AGE (In years last birthday) <u>32</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and state or country) <u>Langdon, Mo</u>	
13. FATHER'S NAME <u>Albert Rosenbohm</u>			14. MOTHER'S MAIDEN NAME <u>Mary Smith</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-20-4156</u>		17. INFORMANT <u>Mrs. Anna Mae Rosenbohm</u> Address <u>Rock Port, Mo</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SKN FRACTURE, MULTIPLE INTERNAL INJURIES.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT.</u>
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)		

20a. ACCIDENT <input checked="" 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.) <u>CAR HIT HIM - DRUG HIM 100 FEET.</u>		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway S. of CRAIG MO.</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>CRAIG MO. HOLT.</u>		
21. I attended the deceased from <u>Mo.</u> to _____ and last saw her alive on <u>Mo.</u> Death occurred at <u>8:15 PM.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>H. E. Cadden</u> (Degree or title) <u>D.</u>			22b. ADDRESS <u>ROCK HOLT CO. MO. OREGON.</u>		22c. DATE SIGNED <u>8/6/58.</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-7-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hunter Cemetery.</u>	23d. LOCATION (City, town, or county) (State) <u>Rock Port, Mo.</u>
24. FUNERAL DIRECTOR <u>Bartholomew Mortuary, Rockport, Mo.</u>		25. DATE REG. BY LOCAL REG. <u>8/6/58</u>	26. REGISTRAR'S SIGNATURE <u>J. M. Crawford</u>

(Licensed Embalmer's Statement on Reverse Side)

300
1-56440

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

3

8961 08 507

1-23-54
21-2-54

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 *Gutz Bartholomew*
Licensed Embalmer No. **8173**

P. O. Address **Rock Port.**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. () 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.