Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-028756
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 119 Primary Registration District No. 5442 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY Gasconade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 14 mi, S. W. — Length of stay in 1b 2 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN Gerald 0366 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Lyon Township R 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Kenneth Otto Walter Roethemeyer

4. DATE OF DEATH Month Day Year: August 18, 1958

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 11, 1934
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Hawthorne Mfg.
11. BIRTHPLACE (City and state or country): Gerald, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Walter Roethemeyer
13b. MOTHER'S MAIDEN NAME: Mabel Breckenkamp
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1955 to 1957
16. SOCIAL SECURITY NO. 340-30-5018
17. INFORMANT Address: Walter Roethemeyer, Gerald, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACCIDENTAL DROWNING — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 850X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 42

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) FELL FROM BOAT
20c. TIME OF INJURY 4:20 p Hour a.m. p.m. Month, Day, Year 8-18-1958
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20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) GASCONADE RIVER
20f. CITY, TOWN, OR LOCATION Richland Twp — COUNTY Gasconade — STATE Mo

21. I attended the deceased from ✓ to ✓ and last saw her/him alive on ✓
Death occurred at 4:25 pm. (8/18/58) m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugo [signature] CORONER 3
22b. ADDRESS Hermann Mo
22c. DATE SIGNED 8/19/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-22-58
23c. NAME OF CEMETERY OR CREMATORY: Ebenezer Church Cem.
23d. LOCATION (City, town, or county) (State): Gerald, Missouri

24. FUNERAL DIRECTOR ADDRESS: Oltmann Funeral Home Gerald, Mo.
25. DATE RECD. BY LOCAL REG.: 8-21-58
26. REGISTRAR'S SIGNATURE: Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

SEP 12 1958

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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 Ernest L. Ottmann

Licensed Embalmer No. 4054

P. O. Address Gerald, M

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.