

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010410
STATE FILE NUMBER

FILED MAR 30 1959

Registration District No. 274 Primary Registration District No. Registrar's No. 108

300
1-57

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1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Sedalia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buena vista Home		Length of stay in lb 4 Years	d. STREET ADDRESS (If outside, give location) Georgetown Rd
3. NAME OF DECEASED (Type or print) First Middle Last Clara E. Rothganger		4. DATE OF DEATH Month Day Year Mar 19th 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 5th 1880
9. AGE (In years last birthday) 79		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) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Chicago Ill
12. CITIZEN OF WHAT COUNTRY? U S A		13. FATHER'S NAME McLean	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Walter E Rothganger	
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. 334-03-6557	17. INFORMANT George Rothganger
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Block		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Toxemia			
DUE TO (c) Gastroenteritis Severe			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 March 6, 1959 to March 19, 1959 and last saw her alive on March 15, 1959			
Death occurred at 6:30 a.m.		m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Paul G Gower md		22b. ADDRESS Sedalia Mo.	
22c. DATE, SIGNED 21-MARCH			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar 22, 1959	
23c. NAME OF CEMETERY OR CREMATORY Cole Camp Cemetery		23d. LOCATION (City, town, or county) (State) Cole Camp Mo 59	
24. FUNERAL DIRECTOR E L Eickhoff		ADDRESS Cole Camp Mo	
25. DATE RECD. BY LOCAL REG. Mar 23-1959		26. REGISTRAR'S SIGNATURE Frances Shelby	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *E L Eickhoff*
E L Eickhoff
Licensed Embalmer No. '30
P. O. Address Cole Camp Mo

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.