

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017146

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 148

FILED MAY 25 1959

300
1-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Length of stay in lb 026 d. STREET ADDRESS (If outside, give location) 145 Forest Hill	
3. NAME OF DECEASED (Type or print) First Middle Last FOUNTAIN ROTHWELL		4. DATE OF DEATH Month Day Year May 16, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 25, 1909
9. AGE (In years last birthday) 50		10. UNDER 1 YEAR Months Days Hours Min. 2 22	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer -- Mo. State Highway Dept.		10b. KIND OF BUSINESS OR INDUSTRY Columbia, Mo.	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wade Hampton Rothwell		13b. MOTHER'S MAIDEN NAME Margaret Austen	
14. NAME OF HUSBAND OR WIFE Francis M. Bickell Rothwell			
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. 499-01-0841	
17. INFORMANT Mrs. Francis Rothwell		Address 145 Forest Hill J.C. Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute septic pyemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Nemolytic Staphylococci DUE TO (c) Acute and Chronic osteomyelitis, left tibia			INTERVAL BETWEEN ONSET AND DEATH 7 days 7 days 9 days 35 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute bacterial endocarditis, Amyloid disease			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		7300	
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 <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 Jefferson City		COUNTY STATE COLE MISSOURI	
21. I attended the deceased from July 1, 1952 to May 16, 1959 and last saw him alive on May 16, 1959 Death occurred at 6:53 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Donald Shull, M.D.		22b. ADDRESS 521 E. High Jefferson City, Mo.	
22c. DATE SIGNED May 18, 1959			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 19, 1959	
23c. NAME OF CEMETERY OR CREMATORY Vienna Cemetery		23d. LOCATION (City, town, or county) (State) Vienna, Mo.	
24. FUNERAL DIRECTOR'S ADDRESS Victor Buescher J.C. Mo		25. DATE RECD. BY LOCAL REG. 18 May 1959	
26. REGISTRAR'S SIGNATURE R. P. Davis, M.D. - M.R.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 26 1959
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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 *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address *J.C. SMO*

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.