

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025554

FILED VS JUL 21 1959

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 314

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	
Length of stay in 1b Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Hospital		d. STREET ADDRESS (If outside, give location) 400 E. Gudgell	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MR. HENRY Middle ALBERT Last ROHRS			4. DATE OF DEATH Month July Day 10, Year 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 Mar. 1, 1894	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Sheffield Steel	10b. KIND OF BUSINESS OR INDUSTRY Steel	11. BIRTHPLACE (City and state or country) Independence, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Henry H. Rohrs	13b. MOTHER'S MAIDEN NAME Laurannah Yale	14. NAME OF HUSBAND OR WIFE Susan M. Rohrs
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. 487-05-3919	17. INFORMANT Mrs. Susan M. Rohrs

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral Thrombosis		4 days
DUE TO (b) Cerebral Atherosclerosis		years
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Osteoarthritis & Diabetes Mellitus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m.	Month, Day, Year	

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 Independence, Mo	COUNTY Missouri	STATE
21. I attended the deceased from July 7, 1959 to July 10, 1959 and last saw him alive on July 9, 1959 Death occurred at 5:25 AM 7/10/59 on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Shast Graboski, M.D.	(Degree or title)	22b. ADDRESS Independence, Mo	22c. DATE SIGNED 7/13/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 13, 1959	23c. NAME OF CEMETERY OR CREMATORY Woodlawn	23d. LOCATION (City, town, or county) (State) Independence, Missouri

24. FUNERAL DIRECTOR OTT & MITCHELL, Indep., Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-13-59	26. REGISTRAR'S SIGNATURE Rene K. Craig
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 6 1961

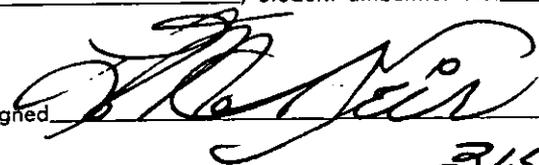
DEC 29 1961

STATEMENT BY LICENSED EMBALMER

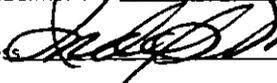
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3156

P. O. Address 

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