

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007427

FILED VS MAR 7 1960 231

Registration District No. 3048 Primary Registration District No. 46 Registrar's No.

STATE FILE NUMBER

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

3. NAME OF DECEASED (Type or print) First JOHN Middle WILLIAM Last ROSENBOHM			4. DATE OF DEATH Month 2 Day 27 Year 1960		
5. SEX male	6. COLOR OR RACE cau	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9, 15, 1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Rock Port, Mo		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME M. E. Rosenbohm		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Mrs Neliah Rosenbohm	
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. 493-38-9503		17. INFORMANT Address Mrs Neliah Rosenbohm, Graham, 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 coronary occlusion**

INTERVAL BETWEEN ONSET AND DEATH **15 min.**

Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.

DUE TO (b) **Carbon tetro chloride poisoning 2/11/60**

DUE TO (c) **Bronchial asthma + allergic dermatitis**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Chronic myo carditis with systolic bruit**

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) Using claw tool, broken bottle of carbon tetro chloride + inhaled fumes.	
20c. TIME OF INJURY Hour 9 a.m. Month 2 Day 11 Year 60	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in barn		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Graham Nodaway Mo		20f. CITY, TOWN, OR LOCATION COUNTY STATE Graham Nodaway Mo

21. I attended the deceased from **2-11-60** to **2-27** and last saw her alive on **2-26-60**
Death occurred at **6:30 am St Francis Hospital** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) AC Bauman M.D.		22b. ADDRESS 1213. Main Maryville Mo		22c. DATE SIGNED 2/27/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/29/1960	23c. NAME OF CEMETERY OR CREMATORY Graham Cemetery		23d. LOCATION (City, town, or county) (State) Graham, Mo.

24. FUNERAL DIRECTOR Dr. A. H. ... Maryville Mo	25. DATE RECD. BY LOCAL REG. 2-27-60	26. REGISTRAR'S SIGNATURE Bess Holt
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 7 1960

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 George M. Atkinson Jr Student Embalmer No. 600

working under my personal supervision.

Student George M. Atkinson Jr
Signature of Student Embalmer

Signed G M Atkinson

Licensed Embalmer No. 227

P. O. Address Maryville

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.