

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016440

FILED VS. MAY 12 1960 290

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 58

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Cullen Township</b>		Length of stay in 1b		c. CITY OR TOWN <b>Waynesville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HW 17 West of Waynesville</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Leuthen Trailer Court</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>JULIE</b> Middle <b>ANN</b> Last <b>ROHDE</b>				4. DATE OF DEATH Month <b>April</b> Day <b>29</b> Year <b>1960</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>16 Nov 57</b>		9. AGE (last birthday) <b>2</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <b>US Army Hospital</b>				11. BIRTHPLACE (City and state or country) <b>Frankfurt, Germany</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>Bernard Emil Rohde</b>				13b. MOTHER'S MAIDEN NAME <b>Patsy Jane Hunsinger</b>				14. NAME OF HUSBAND OR WIFE <b>-</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>-</b>				17. INFORMANT <b>Bernard E. Rohde, Waynesville, Missouri</b> Address _____					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory Arrest</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cerebral Laceration</b> DUE TO (c) <b>Skull Fracture (Compound Depressed)</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown													
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <b>Hit by car</b>									
20c. TIME OF INJURY <b>7:25 p.m.</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		20f. CITY, TOWN, OR LOCATION <b>1/2 mi West of Waynesville, Missouri (Pulaski)</b>		COUNTY		STATE			
21. I <del>saw</del> <b>saw</b> the deceased <b>Die</b> on <b>30 April 1960</b> , to _____ and last saw <sup>her</sup> <del>him</del> <b>him</b> alive on _____ Death occurred at <b>7:30 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Hans H. Branch</b>				22b. ADDRESS <b>US Army Hospital Fort Leonard Wood, Missouri</b>				22c. DATE SIGNED <b>30 Apr 60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>		23b. DATE <b>4/30/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Manhattan Cemetery</b>				23d. LOCATION (City, town, or county) <b>Manhattan Kansas.</b>					
24. <del>Funeral Director</del> <b>Hedges Funeral Home</b> ADDRESS <b>Way, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>4-30-60</b>		26. REGISTRAR'S SIGNATURE <b>Constance Anderson</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

WS MAY 18 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 me

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Clarice Thorse*

Licensed Embalmer No. 4896

P. O. Address Waynesville,

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.