

AMENDED

Registration District No. 251  
**FILED AUG 28 1961**

Primary Registration District No. \_\_\_\_\_ Registrar's No. 160

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

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

3. NAME OF DECEASED (Type or print) First Middle Last <u>Russell Wayne Rosenbohm</u>			4. DATE OF DEATH <u>8-18-1961</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>Cau</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-6-1933</u>	9. AGE (last birthday) <u>28</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state, or country) <u>Graham, Mo.</u>	

12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Wm. Rosenbohm</u>		13b. MOTHER'S MAIDEN NAME <u>Neliah Stacey</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Carol Rosenbohm</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>Mrs. Carol Rosenbohm</u>		Address <u>Skidmore</u>	

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 <u>seconds</u>
IMMEDIATE CAUSE (a) <u>Internal Chest injury</u>		
DUE TO (b) <u>Multiple fractures of ribs &amp; lateral scapula</u>		
DUE TO (c) _____		
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 type="checkbox"/> No <input type="checkbox"/> 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.) <u>Turned tractor over and it</u>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	<u>Came to put on less chest</u>	

20d. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	20f. CITY, TOWN, OR LOCATION <u>R.F.D. Graham</u>	COUNTY <u>Nodaway</u>	STATE <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>B. F. Blum M.D.</u>		22b. ADDRESS <u>Maryville Mo</u>		22c. DATE SIGNED <u>8/24/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-20-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Graham Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Graham, Mo.</u>	
24. FUNERAL DIRECTOR <u>Johnson Funeral Home, Maryville</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>8-22-61</u>	26. REGISTRAR'S SIGNATURE <u>Beas Holt</u>	

SEP 6 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*George M. Atkinson*

Licensed Embalmer No. 5114

P. O. Address Mayville,

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.

