MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

Taylor

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 272 — 61-032292 STATE FILE NUMBER

FILED SEP 18 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO.

DOCUMENT — BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Length of stay in 1b: 1 Wk.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route #5 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Matthias Middle None Last Rockemann
4. DATE OF DEATH: Month Sept. Day 12 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-11-1888
9. AGE (last birthday): 73 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Cole County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Lorenz Rockemann
13b. MOTHER'S MAIDEN NAME: Margaret Boehner
14. NAME OF HUSBAND OR WIFE: Emilie Rockemann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Matthias Rockemann, Jefferson City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Parkinsons disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1951, to Sept 12/61 and last saw her/him alive on Sept 12/61
Death occurred at 4:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lucas Taylor (Degree or title) M-D
22b. ADDRESS Jefferson City
22c. DATE SIGNED 9 7 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-15-1961
23c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
23d. LOCATION (City, town, or county) (State): Cole County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Gideon Houser, Jefferson City, Mo.
25. DATE RECD. BY LOCAL REG.: 15 September 1961
26. REGISTRAR'S SIGNATURE: R. P. Harris MD - N. Richter, Dep.

(Licensed Embalmer's Statement on Reverse Side)

VS MAR 20 1962

VS OCT 10 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 Bill McLaughlin, Student Embalmer No. 620 working under my personal supervision.

Student Bill McLaughlin
Signature of Student Embalmer

Signed Gideon N. Hauser

Licensed Embalmer No. 4579

P. O. Address Jefferson City

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.