SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

61-033258

STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 455

FILED SEP 19 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Raytown
Length of stay in 1b: 4 Yrs

c. CITY OR TOWN Raytown
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5534 Hunter
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5534 Hunter
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARY Middle L Last ROTHGANGER

4. DATE OF DEATH: Month September Day 9 Year 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 1/29/1871

9. AGE (last birthday): 90

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Cole Camp Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Dick Lutjen

13b. MOTHER'S MAIDEN NAME: Martha

14. NAME OF HUSBAND OR WIFE: Frederick Rothganger

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 R. P. Allen 10021 E 40 Hiway Mo. Indep

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) Acute Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 Days.

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

DUE TO (b) Congestive Heart Failure — 3 yrs.

DUE TO (c) Arteriosclerotic Cardio-Vasc. Dis. — 10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pulmonary Emphysema

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 Jan. 1958 to Sept. 9, 1961 and last saw her alive on Sept. 8, 1961
Death occurred at 8:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A W Eshelman (Degree or title) MD

22b. ADDRESS 9306 E New 40 Hiway Independence Mo

22c. DATE SIGNED Sept. 9, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9/12/61

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.

23d. LOCATION (City, town, or county) (State): Kansas City Mo

24. FUNERAL DIRECTOR: Sheil Colonial Chapel ADDRESS Kansas City Mo

25. DATE RECD. BY LOCAL REG.: 9-12-61

26. REGISTRAR'S SIGNATURE: Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Shell

Licensed Embalmer No. 3625

P. O. Address N. C. Mo.

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.