MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-036499
STATE FILE NUMBER

Registration District No. 716 Primary Registration District No. 3020 Registrar's No. 245

FILED NOV 6 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON — Length of stay in 1b: 4 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Gasconade
c. CITY OR TOWN (Roark Twp) — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS 4 mi. S. E. of Hermann (If outside, give location) — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First CHARLES Middle FRANK Last ROETHELI
4. DATE OF DEATH: Month Oct Day 29 Year 1961
5. SEX: Male
6. COLOR OR RACE: Cau.
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/12/1879
9. AGE (last birthday): 81
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: General Farming
11. BIRTHPLACE (City and state or country): Berger, Mo
12. CITIZEN OF WHAT COUNTRY: US
13a. FATHER'S NAME: Frank Roetheli
13b. MOTHER'S MAIDEN NAME: Veronica Berend
14. NAME OF HUSBAND OR WIFE: Amalia Roetheli
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Amalia Roetheli Address RFD Hermann, Mo

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) Cardiac arrest from massive G. I. Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7-8 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Myelogenous Leukemia
DUE TO (c) and thrombocytopenia — 15 years
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. ☐ 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 1959 to Oct. 29, 1961 and last saw him alive on Oct. 29, 1961
Death occurred at 7:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John G. Ryan (Degree or title) MD
22b. ADDRESS Washington, Mo.
22c. DATE SIGNED 10-29-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/2/1961
23c. NAME OF CEMETERY OR CREMATORY: St. Joseph Cemetery
23d. LOCATION (City, town, or county) (State): RFD Hermann, Mo

24. FUNERAL DIRECTOR ADDRESS: HERMAN BLUMER INC Hermann, Mo
25. DATE RECD. BY LOCAL REG.: 10/31/61
26. REGISTRAR'S SIGNATURE: Lula C. Hufmann

(Licensed Embalmer's Statement on Reverse Side)

NOV 8 1961

FEB 15 1962

NOV 15 1962

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 ORVAL GRONER, Student Embalmer No. 641 working under my personal supervision.

Student Orval Groner
Signature of Student Embalmer

Signed Hugo H. Lemmer

Licensed Embalmer No. 3160

P. O. Address Hermann M

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.