

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 91

300
57

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Missouri Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Monett	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent Hosp		d. STREET ADDRESS (If outside, give location) 219 6th St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b 19 Yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LUELLA Middle JANE Last ROHRBOUGH			4. DATE OF DEATH July 7, 1957	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 9, 1913	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months 3 Days 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleaning Shop employe	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Poteau, Okla.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George McGuire	13b. MOTHER'S MAIDEN NAME Azzlie Quaid	14. NAME OF HUSBAND OR WIFE Clayton Rohrbough
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-01-6885	17. INFORMANT Address Clayton Rohrbough Monett, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) adenocarcinoma of breast		INTERVAL BETWEEN ONSET AND DEATH 22 mo.
DUE TO (b) extensive metastases		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X		

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____	STATE _____
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21. I attended the deceased from 9-16-55 to 7-7-57 and last saw her alive on 7-7-57 Death occurred at 11:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE F. G. Daniels, M.D. (Degree or title)	22b. ADDRESS Monett, Mo.	22c. DATE SIGNED 7-8-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 9, 57	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	23d. LOCATION (City, town, or county) (State) Monett, Mo.
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24. FUNERAL DIRECTOR J. D. Buchanan ADDRESS Monett, Mo.	25. DATE RECD. BY LOCAL REG. 7-10-57	26. REGISTRAR'S SIGNATURE Mrs. P. M. Cook
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 757-118

DATE REC. 7-15-57

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 J. B. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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.