

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32454**

FILED OCT 5 1953

BIRTH NO. _____ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3046** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY Moniteau Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Walker	
c. LENGTH OF STAY (In this place) 1 Day		d. STREET ADDRESS (If rural, give location) Rt # 2, California, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Latham Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Malinda b. (Middle) Clara c. (Last) Rohrbach		4. DATE OF DEATH (Month) (Day) (Year) Sept 29 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 17 1880
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 11 Days 18	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Moniteau Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Sam Block	13b. MOTHER'S MAIDEN NAME Caroline Beautler	14. NAME OF HUSBAND OR WIFE Frank Rohrbach
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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. None	17. INFORMANT'S SIGNATURE OR NAME Frankie E Rohrbach California	ADDRESS California
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **9-2, 1953**, to **9-29, 1953**, that I last saw the deceased alive on **9-29, 1953**, and that death occurred at **11/15 PM.**, from the causes and on the date stated above.

23a. SIGNATURE J. M. Laelughe M.D. (Degree or title)	23b. ADDRESS California Missouri	23c. DATE SIGNED 10-1-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/2/53	24c. NAME OF CEMETERY OR CREMATORY Block Memorial Cemt	24d. LOCATION (City, town, or county) (State) Rural, California, Mo
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DATE REC'D BY LOCAL REG. 10/1/53	REGISTRAR'S SIGNATURE N. L. Pappas	25. FUNERAL DIRECTOR'S SIGNATURE East Paulin California	ADDRESS 2200
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Jack H. Bowlin
Licensed Embalmer No. 4933

P. O. Address California, 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 this body is not embalmed, fact should be so stated above.