

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006422
STATE FILE NUMBER

FILED FEB 26 1958

Registration District No. 206 Primary Registration District No. 5749 Registrar's No. 11

Health, Welfare, Public Service

300
1-56

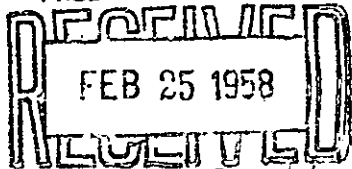
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Madison			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Madison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Fredericktown		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 3		Length of stay in lb 26 yrs.	d. STREET ADDRESS Route 3		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Julia Middle Ann Last Rohan			4. DATE OF DEATH Feb. 20, 1958 Month Day Year		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 20, 1870	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days 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 No ne	11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Stephen Smith			14. MOTHER'S MAIDEN NAME Catherine Ketcherside		
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 Address Harry Rohan Fredericktown, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Right congestive heart failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Chronic nephrosis right kidney</u>					<u>8 years</u>
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) 591X		
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year					
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	
21. I attended the deceased from <u>7/25/50</u> to <u>2/20/58</u> and last saw her ^{alive} on <u>2/19/58</u> Death occurred at <u>11:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>E. W. DeLeyne D.O.</u>			22b. ADDRESS <u>Fredericktown Mo.</u>		22c. DATE SIGNED <u>2/22/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/23/58	23c. NAME OF CEMETERY OR CREMATORY Roselle Cemetery		23d. LOCATION (City, town, or county) (State) Roselle, Mo.
24. FUNERAL DIRECTOR Najim Funeral Home		ADDRESS Fredericktown Mo.	25. DATE RECD. BY LOCAL REG. 2-22-1958		26. REGISTRAR'S SIGNATURE <u>Flarence Hicks</u>

(Licensed Embalmer's Statement on Reverse Side)

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE NO. 258-11

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 Charles McPart

Licensed Embalmer No. 48

P. O. Address Fredericktown

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.