

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34109

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY OR TOWN <u>rural Walker Zurb</u>		c. CITY OR TOWN <u>rural</u> ^{1/2} <u>mi. north of California, Mo</u>	
c. LENGTH OF STAY (in this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. n. of California, Mo</u>		f. STREET ADDRESS (If rural, give location) <u>4 miles north of California, Mo</u>	

3. NAME OF DECEASED (Type or Print) <u>JACOB ALFRED ROHRBACH</u>	a. (First) <u>JACOB</u>	b. (Middle) <u>ALFRED</u>	c. (Last) <u>ROHRBACH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 7 1955</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 20, 1876</u>	9. AGE (In years last birthday) <u>79</u>	if UNDER 1 YEAR Months <u>5</u> Days <u>17</u>	if UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>general farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Canton, Bern Switzerland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frederick Rohrbach</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mueller</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Schoenthal</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Spanish-American</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Emmett H. Rohrbach</u>	ADDRESS <u>California, Mo</u>
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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, asphyxia, 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) <u>Coronary Thrombosis</u>		<u>10 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular Disease</u>		<u>10 years?</u>
	DUE TO (c) <u>4201</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis - Rheumatoid</u>		<u>15 years</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1949 to Oct 7, 1955, that I last saw the deceased alive on Oct 3, 1955, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edgewood H. Hobbs M.D.</u>	23b. ADDRESS <u>218 N. Oak California</u>	23c. DATE SIGNED <u>10/8/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct 9, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rohrbach</u>	24d. LOCATION (City, town, or county) (State) <u>mi. north of California Mo</u>
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DATE REC'D BY LOCAL REG. <u>10/12/55</u>	REGISTRAR'S SIGNATURE <u>W. L. Popey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u>	ADDRESS <u>California Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 25 1944

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 *A. E. Wilson*

Licensed Embalmer No. *235*

P. O. Address *California, N*

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.