

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002179

STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Town California, Mo Walker		c. CITY OR TOWN California, Mo	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Latham Hospital		d. STREET ADDRESS (If outside, give location) 105 W North	

3. NAME OF DECEASED (Type or print) First Middle Last Charles William Rohrbach			4. DATE OF DEATH Month Day Year Feb 2 1959		
5. SEX Male	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 Mar 8 1876	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 82 Months 10 Days 25 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred Rohrbach		13b. MOTHER'S MAIDEN NAME Margrett Wolfrum		14. NAME OF HUSBAND OR WIFE Deceased	
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. 500-16-3250		17. INFORMANT Alvin Rohrbach Address California 716	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Colon		INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1538		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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <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 July 19 1958 to Feb 2, 1959 and last saw ^{her} him alive on February 2, 1959 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Leonel M. Gallagher M.D.				22b. ADDRESS California, Mo.	
				22c. DATE SIGNED 2-3-59	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/4/59		23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		23d. LOCATION (City, town, or county) (State) Rural - California, Mo	
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24. FUNERAL DIRECTOR Earl Boudin - California, Mo		25. DATE RECD. BY LOCAL REG. 2-4-59		26. REGISTRAR'S SIGNATURE Helmut Poppey	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 16 1959

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 *Jack H. Bowler*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.