

# MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE

-62-049341

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

360

Primary Registration District No.

3076

Registrar's No.

231

STATE FILE NUMBER

**FILED DEC 28 1962**

## 1. PLACE OF DEATH

a. COUNTY Vernon

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Nevada

Length of stay in 1b  
11 mo.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Nevada City Hosp.

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Vernon

c. CITY OR TOWN Nevada Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 805 W. Arch Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED

First Middle Last  
Elizabeth Unglaub Rombach

4. DATE OF DEATH  
Month Day Year  
12 25 62

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 2/11/1875

9. AGE (last birthday) 87

IF UNDER 1 YEAR IF UNDER 24 HR  
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

11. BIRTHPLACE (City and state or country)  
California, Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Fred Rombach

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  
F.G. Rombach, Nevada, 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)

Acute Coronary Infarction

INTERVAL BETWEEN ONSET AND DEATH  
3 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

Arteriosclerosis and Bronchial Pneumonia

1 week

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Left mastectomy 2 yrs. ago, no evidence of metastasis found.

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

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 Dec. 10, 1962 to Dec. 25, 1962 and last saw her alive on Dec. 25, 1962  
Death occurred at Nevada, Missouri 1:10P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree, title)  
R.B. Wray, M.D., F.I.C.S.

22b. ADDRESS  
Moore Building, Nevada, Mo.

22c. DATE SIGNED  
12/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

23b. DATE  
12/27/62

23c. NAME OF CEMETERY OR CREMATORY  
Masonic Cemetery

23d. LOCATION (City, town, or county) (State)  
California, Mo.

24. FUNERAL DIRECTOR

Richard L. Shorten, Nevada, Mo.

25. DATE RECD. BY LOCAL REG.  
12-26-1962

26. REGISTRAR'S SIGNATURE  
Arma E. Jerry

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 1085

2 1085-

3

4 1

5 2

6

7 0

8 2

9 4201

10

11

12 1-0

13 1-0

**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 \_\_\_\_\_

Licensed Embalmer No. 4853

P. O. Address Thonka, 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.