

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20826**

BIRTH NO.		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>4285</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lewistown</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lewistown 0560</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Victor</u>		b. (Middle) <u>Elmo</u>		c. (Last) <u>Rodier</u>	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>23</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Oct 21, 1880</u>	
9. AGE (In years last birthday)		<u>69</u>		if UNDER 1 YEAR Month <u>8</u> Days <u>2</u>		if UNDER 11 HRS. Hours <u>2</u> Min.	
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 Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Lewistown Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Scott Rodier</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Everale</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ferguson Rodier</u>			
15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs E.H. Richardson</u>		ADDRESS <u>Canaw Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary occlusion</u>		ANTECEDENT CAUSES				<u>14 hours</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Cornary Heart disease</u>				<u>2 years</u>	
DUE TO (c) <u>Hypertensive Cardio-vascular disease</u>		II. OTHER SIGNIFICANT CONDITIONS				<u>4201</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>50</u> , to <u>June 23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June 23</u> , 19 <u>50</u> , and that death occurred at <u>6:00</u> p.m. (from the causes and on the date stated above).							
23a. SIGNATURE (Degree or title) <u>Laird M. Goussard</u>				23b. ADDRESS <u>La Belle Mo</u>		23c. DATE SIGNED <u>6/24/50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <u>6/26/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lewistown</u>		24d. LOCATION (City, town, or county) (State) <u>Lewistown Mo</u>	
DATE REC'D BY LOCAL REG. <u>6/27/50</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Odes</u>		ADDRESS <u>Lewistown Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

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