

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41382

State File No. ....

FILED DEC 27 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5650 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VERONA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Verona Mo</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles west of Verona</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 WEST OF VERONA</u>			

3. NAME OF DECEASED (Type or Print) <u>ANNA MARIE RODEY</u>			4. DATE OF DEATH <u>NOV 29-1950</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>JUNE 28-1872</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Richfontain MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>JOHN REICHMAN</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MEYHOUSE</u>	14. NAME OF HUSBAND OR WIFE <u>PETER RODEY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>NONE</u>	ADDRESS
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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, ashenia, 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 Embolism</u>		<u>690311</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Fracture of Neck of Femur</u>		<u>21</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Decompensation</u>		<u>2 years</u>	
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)
		<u>Springfield Twp. Lawrence Mo.</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. HOW DID INJURY OCCUR? <u>Fell over throw rug.</u>
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22. I hereby certify that I attended the deceased from Nov. 27, 1950, to Nov. 29, 1950, that I last saw the deceased alive on Nov. 29, 1950, and that death occurred at 8:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. Avery Watson D.O.</u>	23b. ADDRESS <u>Verona, Mo.</u>	23c. DATE SIGNED <u>12-14-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 2, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART</u>	24d. LOCATION (City, town, or county) (State) <u>Verona MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 16-50</u>	REGISTRAR'S SIGNATURE <u>Osco Mc Nett</u>	157	25. FUNERAL DIRECTOR'S SIGNATURE <u>Osco Marsh</u>	ADDRESS <u>Amos, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED DEC 19 1950

Dist. File 1250-2487

Date Filed 12-20-50

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 .....  
Student Embalmer

Signed Gene Parrent.....

Licensed Embalmer No. 4809.....

P. O. Address Aurora, 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 this body is not embalmed, fact should be so stated above.