S. No. 300
v. 10.48

FILED JUN 26 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 20954

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 201

1804
0

**1. PLACE OF DEATH**
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Richland Twp. 0710
d. STREET ADDRESS (If rural, give location): 3 miles west of Florence

**3. NAME OF DECEASED** (Type or Print)
a. (First): Henry
b. (Middle):
c. (Last): Rodenbach

**4. DATE OF DEATH** (Month) (Day) (Year): June 15, 1951

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Nov. 3, 1874
**9. AGE** (In years last birthday): 76 — If under 1 year: Months 7, Days 12 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farm
**10b. KIND OF BUSINESS OR INDUSTRY**: Farm
**11. BIRTHPLACE** (State or foreign country): Morgan County, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Christain Rodenbach
**13b. MOTHER'S MAIDEN NAME**: Margaret Mertgen
**14. NAME OF HUSBAND OR WIFE**: Nettie Rodenbach

**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'S SIGNATURE OR NAME** / ADDRESS: Nettie Rodenbach Florence, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy, Cerebral — INTERVAL BETWEEN ONSET AND DEATH: 8 day

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension, essential — 4 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: none

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 3.34x
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June 9, 1951, *to* June 15, 1951, *that I last saw the deceased alive on* June 15, 1951, *and that death occurred at* 4:25P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Chas D Osborne MD.
**23b. ADDRESS**: Sedalia Mo.
**23c. DATE SIGNED**: June 18 1951

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: June 18, 1951
**24c. NAME OF CEMETERY OR CREMATORY**: Florence Cemetery
**24d. LOCATION** (City, town, or county) (State): Florence, Mo.

**DATE REC'D BY LOCAL REG.**: 6/18/51
**REGISTRAR'S SIGNATURE**: R. J. Campbell MD 25 / Goldie Hall deputy
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: J. L. Stevinson Stover, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-25-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 6-25-51

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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 James R. Scrivner, Student Embalmer No. 404, working under my personal supervision.

Student James R. Scrivner
Student Embalmer

Signed J. L. Stevinson
Licensed Embalmer No. 4073
P. O. Address Stover, 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.