

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34019**

FILED NOV 10 1951

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural PRAIRIE)		c. LENGTH OF STAY (In this place) 1 wk.	
c. CITY (If outside corporate limits, write RURAL and give township) Independence		0485	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Emergency Hosp.		d. STREET ADDRESS (If rural, give location) Cor. Sheley Rd. & Vermont	
3. NAME OF DECEASED a. (First) MR. FRANK b. (Middle) CARL c. (Last) RODEWALD			4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 7, 1871
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter	11. BIRTHPLACE (State or foreign country) Macoupin Co. Ill.
13a. FATHER'S NAME Frank Rodewald		13b. MOTHER'S MAIDEN NAME Charlotte Whitehaw	12. CITIZEN OF WHAT COUNTRY? USA
14. NAME OF HUSBAND OR WIFE Mary Rodewald		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Alfred Baker---Indep, 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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH a few minutes	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) generalized arteriosclerosis			
DUE TO (c) pulmonary appt left lower lobe			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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>Oct 19</u> , 1951, to <u>Oct 31</u> , 1951, that I last saw the deceased alive on <u>Oct 31</u> , 1951, and that death occurred at <u>5:40 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Alan C. Munnoschein MD		23b. ADDRESS Independence Mo.	
23c. DATE SIGNED 2 Nov 51			
24a. BURIAL, CREMATION-REMOVAL (Specify) Burial		24b. DATE Nov. 3, 1951	
24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Indep, Mo.	
DATE REC'D BY LOCAL REG. 11-2-51		REGISTRAR'S SIGNATURE David C. Emshaw	
25. EMBALMER'S SIGNATURE W. Mitchell		ADDRESS Indep, Mo.	

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

NOV 7 RECD

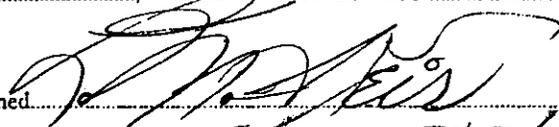
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

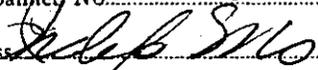
Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 3156

P. O. Address 

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.