

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

State File No. **12903**

FILED MAY 3 1954

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **167**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 75 Yrs		e. STREET ADDRESS (If rural, give location) 1015 S. Barrett	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1015 S. Barrett			

3. NAME OF DECEASED (Type or Print) JEAN E. RODEMAN			4. DATE OF DEATH (Month) (Day) (Year) April 27, 1954		
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 5, 1872		9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Quebec Canada		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David Lister		13b. MOTHER'S MAIDEN NAME Flora B. Mac Lean		14. NAME OF HUSBAND OR WIFE John P. Rodeman (Deceased)	
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 J. M. Rodeman, M. D. Sedalia, Mo	

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) Terminal Uremic Convulsion & Respiratory Paralysis ANTECEDENT CAUSES DUE TO (b) Senile Heart Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cardio-vascular-renal syndrome. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of uterus with remote metastases		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION	
		19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION metastases	
		19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION metastases	
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 Sep. 19 58, to 4-27, 19 54, that I last saw the deceased alive on 4-27, 19 54, and that death occurred at 9:45A m., from the causes and on the date stated above.

23a. SIGNATURE <i>Thomas B. Young</i> (Degree or title) M.D.		23b. ADDRESS Sedalia, Missouri		23c. DATE SIGNED 4-29-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-30-54	24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri.

DATE REC'D BY LOCAL REG. 4-30-54		REGISTRAR'S SIGNATURE <i>A. J. Campbell</i> M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. Nechart</i> Sedalia, Mo.	
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L. Counts, Sup. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
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JUL 12 1957

JUL 12 1957

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 *Russell P. Maag*.....

Licensed Embalmer No. *480*

P. O. Address *Sedalia*.....

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.