

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

State File No. **41722**

**FILED JAN 12 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **314** PRIMARY REG. DIST. NO. **4457** Registrar's No. **2**

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

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Sarah</b> b. (Middle) <b>Lucinda</b> c. (Last) <b>Rodabaugh</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>December 19, 1955</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widow</b>	<b>8. DATE OF BIRTH</b> <b>March 12, 1855</b>	<b>9. AGE</b> (In years last birthday) <b>100</b>	<b>10. IF UNDER 1 YEAR</b> Months <b>9</b> Days <b>27</b>	<b>11. IF UNDER 1 HRS.</b> Hours <b></b> Min. <b></b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>none</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Phelps Co. Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>(Unknown) Coleman</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>(Unknown)</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Abraham Rodabaugh</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Ruth Rodabaugh Clinton, Missouri</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 weeks</b> <b>History</b> <b>History</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Embolism</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Arteriosclerosis</b> <b>DUE TO (c) Myocarditis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1955, to Dec. 19, 1955, that I last saw the deceased alive on Dec. 19, 1955, and that death occurred at 10:30 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>D. B. [Signature]</b>	<b>23b. ADDRESS</b> <b>Lowry City, Mo.</b>	<b>23c. DATE SIGNED</b> <b>12/21/55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Dec 21, 1955</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Brethren</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Clair County Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>1-7-56</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Ruth Seewers</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>J. E. [Signature]</b>	<b>ADDRESS</b> <b>Clinton, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Eugene R. Conroy*.....

Licensed Embalmer No. *46*.....

P. O. Address *Clinton*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.