

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 27 1956

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 64

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| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Jefferson City</u> | | c. LENGTH OF STAY (in this place township) <u>seven yrs</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>717 Broadway Street</u> | | e. STREET ADDRESS (If rural, give location) <u>717 Broadway Street</u> | |
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>EMMA</u> | b. (Middle) <u>CHRISTINE</u> | c. (Last) <u>ROEDEL</u> |
| 4. DATE OF DEATH | (Month) <u>Febr</u> | (Day) <u>23</u> | (Year) <u>1956</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Jan 19th 1876</u> |
| 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u> | IF UNDER 24 HRS. Hours <u>4</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u> | 11. BIRTHPLACE (City and State of Foreign Country) <u>Jamestown, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>William Weyland</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Ann Bauer</u> | 14. NAME OF HUSBAND OR WIFE <u>Geo. W. Roedel (Deceased)</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If you give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Louise Weyland 717 Broadway J.C., Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Hypertension</u> <u>4 yrs.</u> | |
| DUE TO (c) <u>Arteriosclerosis</u> <u>10 yrs</u> | | | |
| 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 <u>4201</u> | | 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) | |
| 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"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>October 10, 1954</u> , to <u>2-22</u> , 1956, that I last saw the deceased alive on <u>2-22</u> , 1956, and that death occurred at <u>8:09 A. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. Spencer Macaulay MD</u> | 23b. ADDRESS <u>303 W. M. Co. Jeff. City</u> | 23c. DATE SIGNED <u>2-25-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Febr 25th '56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>25 Feb 1956</u> | REGISTRAR'S SIGNATURE <u>R. O. Davis, MD - MR 58</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tanner Funeral Home J. C. Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

659 8

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 
Donald P. Freeman

Licensed Embalmer No... 4623

P. O. Address... Jeff City, 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 embalmed by a STUDENT, he also shall sign in his' OWN handwriting.
If this body is not embalmed, fact should be so stated above.