

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 29 1956

State File No.

No. 300
10.48

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

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 4409 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>		
b. CITY OR TOWN <u>Newburg</u>		c. LENGTH OF STAY (In this city or township) <u>8 months</u>	c. CITY OR TOWN <u>Newburg</u>		d. 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			STREET ADDRESS (If rural, give location) <u>0810</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>LUTHER</u> c. (Last) <u>RODERICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>June 11 1878</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Phelps County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>William Roderick</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Huffer</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Roderick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>99-12-1106</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Amos King Newburg Mo</u>			
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) <u>Carcinoma of prostate</u>			metastasis to kidneys + bladder		2 or 3 yrs
ANTECEDENT CAUSES			DUE TO (b) <u>Arterio vascular senile disease</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.			DUE TO (c)		
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"/>
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>April 15 1955</u> to <u>Feb 19 1956</u> , that I last saw the deceased alive on <u>Dec 19 1956</u> , and that death occurred at <u>9:22 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Richard E. Meyer M.D. Newburg, Mo</u>				23b. ADDRESS	23c. DATE SIGNED <u>Feb 20 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb 22 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>mt Olive</u>	24d. LOCATION (City, town, or county) (State) <u>Newburg Mo</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 20, 1956</u>	REGISTRAR'S SIGNATURE <u>Nadine R. Steele</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lee Johnson Newburg Mo</u>		

RECEIVED

Phelps County Health Officer,

County File Number 335

Date Filed FEB 28 1966

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 *L. Johnson*.....
Licensed Embalmer No. 237

P. O. Address *Newburg*

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.