

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27488

State File No. \_\_\_\_\_

FILED SEP 4 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3055 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>(rural) Lexington Twp.</u>		c. LENGTH OF STAY (in this place) <u>43 yr.</u>		c. CITY OR TOWN <u>Lexington (rural)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>(home) Country Club Rd.</u>		STREET ADDRESS <u>Country Club Road</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELSIE</u>		b. (Middle) <u>VIOLA</u>		c. (Last) <u>RODERICK</u>	
4. DATE OF DEATH <u>August 26 1956</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 28, 1881</u>		9. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Silas M. King</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Hull</u>	
14. NAME OF HUSBAND OR WIFE <u>Earl E. Roderick</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Earl E. Roderick</u>		ADDRESS <u>Lexington, Mo</u>		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, asthenia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Glomerular Nephritis</u>		MEDICAL CERTIFICATION DUE TO (b) <u>Nephrotic Syndrome</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 mo.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Urophrotic Syndrome</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592X</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)		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>9:15</u> , <u>1956</u> , <u>10/26/56</u> , that I last saw the deceased alive on <u>10</u> , and that death occurred at <u>10:15 am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u>		(Degree of Title) <u>M.D.</u>		23b. ADDRESS <u>Lexington Mo</u>	
23c. DATE SIGNED <u>8-29-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug-28-1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
DATE REC'D BY LOCAL REG. <u>8-29-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Lexington, Mo</u>	

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

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SEP 25 1956

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 *Harold L. Walker*

Licensed Embalmer No. *458*  
P. O. Address *Lexington,*

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.