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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1957

57 0 2 2840
STATE FILE NUMBER
8561

Registration District No. 318 Primary Registration District No. 1003 Registrar No. 8561

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Upton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 16 Missouri Baptist Hospital			Length of stay in lb 3 weeks 3/			d. STREET ADDRESS (If outside, give location) 107 1/2		
3. NAME OF DECEASED (Type or print) First Middle Last Lura Mae Roderick				4. DATE OF DEATH Month Day Year June 21, 1957				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 26, 1887		
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Green Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME James Baker				14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. Nil.		17. INFORMANT Bessie Martin, 17 N. Boyle, Ave.		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION							INTERVAL BETWEEN ONSET AND DEATH 7 Hours	
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE								
DUE TO (c) DIABETES MELLITUS								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cholangitis + stenosis of ORLICE COMMON BILE duct							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 260x					
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Upton, Mo.		COUNTY STATE		
21. I attended the deceased from June 1, 1957 to June 21, 1957 and last saw her/him alive on _____ Death occurred at June 21, 1957 3:20 AM on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Waverly M. Ferguson M.D.				22b. ADDRESS 457 N. Kingshighway, St. Louis, Mo		22c. DATE SIGNED 6/21/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-21-57	23c. NAME OF CEMETERY OR CREMATORY Hickory Ridge Baptist Cem.		23d. LOCATION (City, town, or county) (State) Upton, Mo.			
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington,				25. DATE RECD. BY LOCAL REG. JUN 24 '57		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		

(Licensed Embalmer's Statement on Reverse Side)

S.P.

1003

Sex

Place of Birth

X

Age

X

State

Missouri Baptist Hospital 3 weeks

Jan 21, 1931

Historic

Sex

Age

W

Jan 25, 1887

White

Female

U.S.

Green Co., Mo.

at home

Hennepin

Unknown

James Baker

Secede Building, 11 N. Taylor, Inv.

Unknown

Ill.

No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. 3

P. O. Address *St. Louis*

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.

2-2-3

RECEIVED

Missouri State Board of Health