

FILED OCT 21 1957

STANDARD CERTIFICATE OF DEATH

35227

STATE FILE NUMBER

Health,
Welfare
Public
Service

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 335

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY COLE				a. STATE MISSOURI b. COUNTY COLE			
b. CITY (If outside corporate limits, give TOWNSHIP only)		Inside Limits OR TOWN JEFFERSON CITY, MO. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN WARDSVILLE, MO. <i>2016</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL 5 Days				Length of stay in 1b		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) ANNIE				First Middle Last THRESA RODEMAN		4. DATE OF DEATH OCT. 15 th , 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 8, 1879	
9. AGE (In years last birthday) 77 Yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Wardsville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JOSEPH HOELSCHER				14. MOTHER'S MAIDEN NAME ROSE DE NEFF			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NON.		17. INFORMANT Address EDGAR RODEMAN WARDSVILLE, MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <i>Acute Myocardial Infarction</i>							<i>days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <i>Coronary Thrombosis</i>							
DUE TO (c) <i>arteriosclerotic heart disease</i>							<i>year</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
<i>old Cerebral Thrombosis</i>							<i>4200</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2							
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.)				
20c. TIME OF INJURY			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
Hour Month, Day, Year			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
a. m. p. m.							
21. I attended the deceased from <i>1953</i> to <i>Oct 14, 1957</i> and last saw <i>her</i> alive on <i>Oct 16, 1957</i>							
Death occurred at <i>8 P. M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
<i>Thomas J. M... M.D.</i>				<i>Jeff City, Mo.</i>		<i>10/18/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATOR		23d. LOCATION (City, town, or county) (State)	
Burial		<i>10/24/57</i>		St. Stanislaus		Wardsville, Mo.	
24. FUNERAL DIRECTOR ADDRESS			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		
<i>Sylvester Qu... J. C. Mo.</i>			<i>19 October 1957</i>		<i>R. P. Dorris, M.D. - M.R.</i>		

(Licensed Embalmer's Statement on Reverse Side)

300
1-56
All symptoms will be listed. All 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

MEDICAL CERTIFICATION

VS
FEB 22 1958

APR 7 1958

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 *Sylvester Dulle*

Licensed Embalmer No. 43

P. O. Address *Jefferson*

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.