

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010157
STATE FILE NUMBER
1274

FILED MAR 31 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 1274

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-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6004 PASEO		Length of stay in lb 36 YEARS	d. STREET ADDRESS (If outside, give location) 6004 PASEO
3. NAME OF DECEASED (Type or print) First Middle Last William Rodman			4. DATE OF DEATH Month Day Year MARCH 7-1958
5. SEX MALE	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 DEC. 17, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (In years last birthday) 80
11. BIRTHPLACE (City and state or country) SEDAN, KANSAS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JAMES H. RODMAN		13b. MOTHER'S MAIDEN NAME JOSEPHINE HAMM	14. NAME OF HUSBAND OR WIFE ELSIE RODMAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, or unknown) (If yes, give war or dates of service) YES SPANISH-AMERICAN		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address ELSIE RODMAN-6004 PASEO K. C., MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION			INTERVAL BETWEEN ONSET AND DEATH 1 DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CEREBRAL ARTERIO SCLEROSIS			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE
21. I attended the deceased from 5-16-57 to 3-7-58 and last saw her alive on 3-6-58 Death occurred at 11:50P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. C. Gustafson M.D.		(Degree or title)	22b. ADDRESS 624 Prospect Ave.
22c. DATE SIGNED 3-8-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR-10-1958	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 3-10-58	26. REGISTRAR'S SIGNATURE Beva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
P. C. C. Quistgard

All diseases in Part I must be causally related.

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 *Kern Lawler*

Licensed Embalmer No. *4915*
P. O. Address *K.C. 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.