

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015236  
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 5924 Registrar's No. 172

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pettis</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Dresden Twp.</b>   |  | c. CITY OR TOWN <b>Sedalia</b>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>3 Mi. NW of Sedalia</b>   |  | d. STREET ADDRESS <b>3 Miles NW of Sedalia</b>  |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>NELDA</b> Middle <b>CHRISTINE</b> Last <b>RODICK</b>   |  | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>25</b> Year <b>1958</b>   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Aug. 23, 1956</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Sedalia, Missouri</b>                            |
| 13a. FATHER'S NAME<br><b>Dick A. Rodick</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Alverta Witte</b>   | 14. NAME OF HUSBAND OR WIFE<br>-----  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)  |  | 16. SOCIAL SECURITY NO.<br>-----  | 17. INFORMANT<br>Address<br><b>Dick A. Rocick, Route #3, Sedalia, Mo</b>                          |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pneumonia</b>   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 wk.</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |  |   | <b>493 X</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Meningocele &amp; Hydrocephalus</b>   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><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<br>Hour _____ Month _____ Day _____ Year _____<br>a.m. _____ p.m. _____   |  |   |   |
| 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  | COUNTY STATE  |
| 21. I attended the deceased from <u>Aug 23 - 56</u> to <u>3-25-58</u> and last saw her alive on <u>3-2-58</u><br>Death occurred at <u>4:55 P</u> on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |   |
| 22a. SIGNATURE<br><b>Alvin J. Lowe MD</b>   |  | 22b. ADDRESS<br><b>Sedalia, Mo</b>  | 22c. DATE SIGNED<br><b>3-26-58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>Mar. 27, 1958</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Sedalia, Missouri</b>                         |
| 24. FUNERAL DIRECTOR<br><b>D. W. HECKART, Sedalia, Missouri</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>3-27-1958</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Frances Shelby</b>  |

Doctor, coroner, etc. must use only standard nomenclature in Part I. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Collected by Affidavit 5/15/58

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 Albert Lee Shaffer, Student Embalmer No. .... working under my personal supervision.

Student Albert Lee Shaffer  
Signature of Student Embalmer

Signed W. Weckert

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.