

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017089

STATE FILE NUMBER

FILED APR 29 1958

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 77

S. 300
1.-57

0820

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Walker
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Henry Middle August Last Rodenberg			4. DATE OF DEATH Month April Day 15 Year 1958
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1880 October 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (In years last birthday) 77
11. BIRTHPLACE (City and state or country) Groven Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Nicholas Rodenberg		13b. MOTHER'S MAIDEN NAME Mary Marie Cash	14. NAME OF HUSBAND OR WIFE Mabel M. Rodenberg, dca
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. 495-03-6274	17. INFORMANT Address Harry Rodenberg Lake Park, Iowa
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive arteriosclerotic heart disease			Unknown
DUE TO (c) Uremia			3 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
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 March 22, 1958 to April 15, 1958 last saw ^{him} her alive on April 15, 1958 Death occurred at Nevada, Mo. 10:03 Am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L. P. McCann</i> L. P. McCann, M.D.		22b. ADDRESS Moore Bldg., Nevada, Mo.	22c. DATE SIGNED 4/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1958 April 18	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	23d. LOCATION (City, town, or county) (State) Nevada Missouri
24. FUNERAL DIRECTOR ADDRESS Ferry Funeral Home, Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 4-26-1958	26. REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>

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 *L. Stephen Ferry*

Licensed Embalmer No. *4962*
P. O. Address *Merriden*

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.