

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033481
STATE FILE NUMBER

FILED SEP 17 1958 Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 75

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1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon, Hudson Twp		c. CITY OR TOWN Ada	
c. FULL NAME OF (If NOT in hospital, give location). HOSPITAL OR INSTITUTION Still-Hildreth San-atorium		STREET ADDRESS (If outside, give location)	
Length of stay in lb 28 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Grace Middle Rodarmel Last Rodarmel			4. DATE OF DEATH Month August Day 23 Year 1958		
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 Feb. 11, 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 6 Days 12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mitchell, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Dr. J.B. Larkin	13b. MOTHER'S MAIDEN NAME Maggie Kincaid	14. NAME OF HUSBAND OR WIFE Claude Rodarmel
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT Claude Rodarmel	Address Ada, Oklahoma
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Thrombosis and Myocardial Infarc-	Immediate
	DUE TO (c) Arteriosclerosis	Indefinite

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Involuntal Psychotic Reaction (Duration 38 years)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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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.)
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20c. TIME OF INJURY Hour _____ 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 MASSACHUSETTS	COUNTY WINDHAM	STATE MASSACHUSETTS
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21. I attended the deceased from August 1955 to August 23 1958 and last saw her alive on August 23, 1958 Death occurred at 7:50 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>E. J. Sullivan</i> (Degree or title)	22b. ADDRESS Macon, Missouri	22c. DATE SIGNED 8/25/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 26, 1958	23c. NAME OF CEMETERY OR CREMATORY Mitchell Cem.	23d. LOCATION (City, town, or county) (State) Mitchell, Ind.
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24. FUNERAL DIRECTOR Lester Sutton	ADDRESS macon, Mo.	25. DATE RECD. BY LOCAL REG. 8/23/58	26. REGISTRAR'S SIGNATURE <i>Ruth McCreely</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Date Filed 9-15-58

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Charles L. Sketton*

Licensed Embalmer No. *4577*

P. O. Address *Macow*

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.