

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042167

STATE FILE NUMBER

11254

FILED DEC 1 1958

XC-539 832

SL-14239

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CENTRALIA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) 35 HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE. 167 DAYS		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 32 113 NO. CHERRY Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Q PEARL M. RODDY			4. DATE OF DEATH Month Day Year 11/21/58
5. SEX MALE 0	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 8/28/95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OIL FIELD EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOE RODDY		13b. MOTHER'S MAIDEN NAME LIZZY BRANSON	14. NAME OF HUSBAND OR WIFE IVA RODDY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. 332 14 4282	17. INFORMANT Address VAH, 915 NO. GRAND AVE., ST. LOUIS, 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) CARCINOMATOSIS CARCINOMA OF PROSTATE DUE TO (b) - DUE TO (c) - 177X - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - - - - -			INTERVAL BETWEEN ONSET AND DEATH 1 YEAR - -
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <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 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. Attended the deceased from 6/7/58 to 11/21/58 and last saw him alive on 11/21/58 Death occurred at 2:55 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Andrew V. Bisean, M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 11/21/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-21-58	23c. NAME OF CEMETERY OR CREMATORY ANDREW H. BISEAN, M.D.	23d. LOCATION (City, town, or county) (State) Flora, Illinois.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington, Blvd		25. DATE RECD. BY LOCAL REG. NOV 22 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.O.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

*Lawrence O. Gerber*

Licensed Embalmer No. 4979

P. O. Address: St. Louis, 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.