

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018793
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 297 Primary Registration District No. 6020 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CROOKED RIVER		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN HARDIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 6 yrs.	d. STREET ADDRESS (If outside, give location) RT. 1. 5 mi. N. of Hardin
3. NAME OF DECEASED (Type or print) First IDA Middle MAY Last RODABAUGH			4. DATE OF DEATH Month May Day 27 Year 1959
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. 7, 1874
9. AGE (In years less birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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) JEFFERSON Co. IOWA.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME JOSEPH WAGNER	13b. MOTHER'S MAIDEN NAME AUGUSTA PEOLER
14. NAME OF HUSBAND OR WIFE E.G. RODABAUGH		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. none
17. INFORMANT E.G. RODABAUGH		Address HARDIN, Mo. Rt. 1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 _____ 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 July 1954 to date and last saw her alive on May 24, 1959 Death occurred at 4:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. G. Crozier, MD		22b. ADDRESS Richmond, Mo.	
22c. DATE SIGNED 5-29-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-29-59	23c. NAME OF CEMETERY OR CREMATORY WAKANDA Cem.	23d. LOCATION (City, town, or county) (State) RAY Co. Mo.
24. FUNERAL DIRECTOR KWISCHNIG & BERGERDING - HARDIN Mo		25. DATE RECD. BY LOCAL REG. 6-2-1959	26. REGISTRAR'S SIGNATURE Malcolm Jackson

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 *August Bouchard*

Licensed Embalmer No. *4678*

P. O. Address *Hardin, 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.