

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002832

FILED VS FEB 2 1960

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 17

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>Phelps</i>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rolla</i>	a. STATE <i>Missouri</i>	b. COUNTY <i>Phelps</i>
Length of stay in 1b		c. CITY OR TOWN <i>ST. Louis</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Phelps County Hospital</i>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <i>Charlie</i>	Middle <i>Edward</i>	Last <i>Roderick</i>	Month <i>JAN</i>	Day <i>20</i>	Year <i>1960</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>April 2/1879</i>	9. AGE (last birthday) <i>80</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>19</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home SAGH + Door</i>	11. BIRTHPLACE (City and state or country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>William Roderick</i>		13b. MOTHER'S MAIDEN NAME <i>Susan Guffey</i>		14. NAME OF HUSBAND OR WIFE <i>Lottie Fulton</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>493-10-6324</i>		17. INFORMANT <i>CARL Roderick O'Fallon Mo</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<i>Hypostatic Pneumonia</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<i>Pneumonia</i>	
DUE TO (b)	<i>Serebral Thrombosis</i>	
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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. _____	Month, Day, Year		
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 <i>1/16/60</i> to <i>1/20/60</i> and last saw ^{her} him alive on <i>1/20/60</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Dr. L. Johnson</i>		22b. ADDRESS <i>Rolla Mo</i>	22c. DATE SIGNED <i>1/20/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>JAN 23, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MT OLIVE</i>	23d. LOCATION (City, town, or county) (State) <i>North Newburg Mo.</i>
24. FUNERAL DIRECTOR <i>Lee Johnson</i>		ADDRESS <i>Newburg Mo</i>	25. DATE RECD. BY LOCAL REG. <i>Jan. 21, 1960</i>
		26. REGISTRAR'S SIGNATURE <i>Nadene L. Stoll</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Lee Steinhilber

Licensed Embalmer No. 5043

P. O. Address Newberg, Md.

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.