IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-042244
STATE FILE NUMBER

FILED NOV 17 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5276

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 2 WEEKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LUKE'S HOSPITAL — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: PLATTE
c. CITY OR TOWN: PARKVILLE — Inside Limits: Yes X No XX
d. STREET ADDRESS (If outside, give location): R.R.# 5, BOX 568 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: CARL Middle: Last: RODERICK
4. DATE OF DEATH: Month: OCTOBER Day: 19 Year: 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/20/01
9. AGE (last birthday): 59 — IF UNDER 1 YEAR / IF UNDER 24 HR: Months / Days / Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY: REED & BROWN HAULING COMPANY
11. BIRTHPLACE (City and state or country): Potosi Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: George RODERICK
13b. MOTHER'S MAIDEN NAME: Hattie Compton
14. NAME OF HUSBAND OR WIFE: MRS. MARY ELLEN RODERICK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-20-7882
17. INFORMANT: MARY ELLEN RODERICK Address: R. R. #5 BOX 568 PARKVILLE, 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) Multiple Fractures Ribs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Anemia Hemathorax
DUE TO (c) Cerebral Concussion Edema
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2 Car Collision
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year 10-5-60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
20f. CITY, TOWN, OR LOCATION: — COUNTY: Platte STATE: MO

21. I attended the deceased from _____, to _____ and last saw him alive on _____
Death occurred at 10:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Hugh A. Dwyer (Degree or title): Coroner
22b. ADDRESS: 152 Union Station
22c. DATE SIGNED: 10-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT. 19, 1960
23c. NAME OF CEMETERY OR CREMATORY: —
23d. LOCATION (City, town, or county) (State): DIXON MISSOURI

24. FUNERAL DIRECTOR: D.W.NEWCOMER'S SONS ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO
25. DATE RECD. BY LOCAL REG.: 10-20-60
26. REGISTRAR'S SIGNATURE: H-L-Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Hugh H. Owens MEDICAL CERTIFICATION DOCUMENT

NOV 17 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed [signature]

Signature of Student Embalmer

Licensed Embalmer No. 409

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.