

No. 300
10. 48

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16233**
Registrar's No. **127**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)	
a. COUNTY St Marys Hospital Cole		a. STATE Mo. b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cedar City	
c. LENGTH OF STAY (in this place) 5 Days		d. STREET ADDRESS (If rural, give location) 5140 J	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		e. STREET ADDRESS 1	
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) John b. (Middle) Frank c. (Last) Roedel			May-25-50
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Married	Married	July 25, 18-76	74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (If under 12 hrs. Hours) (Min.)
Paper Delivery		News-Tribune	74 I 0
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
Jamestown Mo.		USA	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
John Roedel		Unknown	Ida Oetterer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
No.			Mrs John F. Roedel - Cedar City
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cardiac Failure	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH 3 months	
ANTECEDENT CAUSES		10 yrs	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Arteriosclerosis Heart Disease	
DUE TO (b)		Diabetes Mellitus	
DUE TO (c)		Chronic Nephritis	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 1950, to May 25, 1950, that I last saw the deceased alive on May 25, 1950, and that death occurred at 9:27 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)		23b. ADDRESS	
Edward R. Bohney, M.D.		Jefferson City, Mo	
23c. DATE SIGNED			
5-26-50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	
Burial (1)		5-28-50	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Hart Hill Cemetery		Callaway Co. Mo.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
May 26 1950		R.P. Davis, M.D. - JR. 68	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
Victor P. Buescher		Jefferson City Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAY 30 1950
District Health Officer No. 9,
District File Number

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.

Signed Bill C. Branson

Signed _____
Student Embalmer

Licensed Embalmer No. 4764

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.