

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37566

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5621 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>KNOX</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOX</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LYON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LYON</u>	
c. LENGTH OF STAY (in this place) <u>16 YRS</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 6 1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>John</u> c. (Last) <u>RODEY</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>Dec 4 1859</u>		9. AGE (In years last birthday) <u>90</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>2</u> IF UNDER 2 WKS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (State or foreign country) <u>NEW ORLEANS LA.</u>		12. CITIZEN OF WHAT COUNTRY? <u></u>	
13a. FATHER'S NAME <u>HENRY RODEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MEYER</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY RODEY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>DAVIDSON 5801</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Rodey</u> ADDRESS <u>215 N. Mulany St. Kirksville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u> ANTECEDENT CAUSES DUE TO (b) <u>Double Rupture</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS: <u></u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE (Specify) <u></u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lyon Township Knox MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u></u>		22. I hereby certify that I attended the deceased from <u>Nov 1st</u> , 19 <u>50</u> , to <u>Nov 5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u></u> , 19 <u></u> , and that death occurred at <u></u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Dr. E. Sumner M.D.</u>		23b. ADDRESS <u>Edina, Mo.</u>	
23c. DATE SIGNED <u>Nov 7/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>Nov 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST ALOYSIUS Cemery</u>	
24d. LOCATION (City, town, or county) (State) <u>BARING Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Krieger</u> ADDRESS <u>Edina, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 7, 1950</u>		REGISTRAR'S SIGNATURE <u>Nelle S. Sumalt</u>	

Date Received: NOV 13 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 11-50-1929  
Date Filed: NOV 14 1950

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DISTRICT HEALTH OFFICE #2  
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.

Student .....  
Student Embalmer

Signed

*Paul C. Kieglhauser*

Licensed Embalmer No.

4085

P. O. Address

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