

FILED JUL 9 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21877

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 36

| | | | |
|---|---|--|--------------|
| 1. PLACE OF DEATH a. COUNTY <u>Washington</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Brevon, Rt. 1</u>) | c. LENGTH OF STAY (In this place) <u>life</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Brevon # 1</u> | <u>11 00</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. #1, Minl. Point</u> | | d. STREET ADDRESS (If rural, give section) <u>Rt. #1, Minl. Pt.</u> | |

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| 3. NAME OF DECEASED a. (First) <u>Larry</u> (Type or Print) | | | b. (Middle) <u>Edward</u> | | c. (Last) <u>Roderick</u> | | 4. DATE OF DEATH (Month) <u>June</u> (Day) <u>28</u> (Year) <u>1951</u> | | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | 8. DATE OF BIRTH <u>4-27-1879</u> | | 9. AGE (In years) <u>71</u> (Months) <u>0</u> (Days) <u>0</u> (Hours) <u>0</u> (Mins.) | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | 11. BIRTHPLACE (State or foreign country) <u>Washington Co. Missouri</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |

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|--|--|--|--|-----------------------------------|--|
| 13a. FATHER'S NAME <u>LUCCION RODERICK</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rosalie Thebeau</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY <u>490-14-6514</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>RoseMary Perryman. E St Louis. Ill</u> | | ADDRESS _____ | |
|--|--|--|--|---|--|---------------|--|

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| 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>Acute Nephritis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Chronic nephritis & cystitis</u> | | | | | |
| | | DUE TO (c) <u>acute enteritis</u> | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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|------------------------------|--|--|--|--|--|---|--|
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>592X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
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|--|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | |
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|---|--|--|--|----------------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 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 6-24, 1951, to 6-28, 1951, that I last saw the deceased alive on 6-28, 1951, and that death occurred at 2 P m., from the causes and on the date stated above.

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|--|--|---------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>Joseph L. Fluman. M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Potosi, Mo.</u> | | 23c. DATE SIGNED <u>6-29-51</u> | |
|--|--|---------------------------------|--|---------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6-30-1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New Diggins Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>New Diggins Mo</u> | |
|---|--|----------------------------|--|--|--|---|--|

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|---|--|--|--|---|--|---------------|--|
| DATE REC'D BY LOCAL REG. <u>6-30-51</u> | | REGISTRAR'S SIGNATURE <u>Hubert Kridall</u> <u>403</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Higginbotham. F.H. Poyosi. Mo</u> | | ADDRESS _____ | |
|---|--|--|--|---|--|---------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 3 1951

WASH. COUNTY HEALTH DEPT.

File No. 751-211

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Mary M. Laird

Signed.....

Student Embalmer

Licensed Embalmer No. 4394

P. O. Address Potosi, Missouri

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.