

FILED OCT 29 1951

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32680

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1072

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
c. LENGTH OF STAY (in this place) 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address or location) Idle Hour Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
d. STREET ADDRESS (If rural, give location) 1924 So. 11th

3. NAME OF DECEASED (Type or Print)
a. (First) John b. (Middle) Rody c. (Last) Rody
4. DATE OF DEATH (Month) (Day) (Year) Oct. 17, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 12, 1861 9. AGE (In years last birthday) 90

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Switchman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Doniphan Co. Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Roder
13b. MOTHER'S MAIDEN NAME Not Known
14. NAME OF HUSBAND OR WIFE Sarah B.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME L.J. Boeh ADDRESS Troy, Kans.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) Arteriosclerosis
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)
19. INTERVAL BETWEEN ONSET AND DEATH 20 days (?)

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 331X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 12-15-19 45, to 10-16-19 51, that I last saw the deceased alive on 10-16-19 51, and that death occurred at 5:05 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____ 23b. ADDRESS 218 North 7th Street 23c. DATE SIGNED 10-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-19-51 24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. OCT. 22, 1951 REGISTRAR'S SIGNATURE Carl C. Cash 443 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman W. ... 1802 Union St

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

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7557 10/14

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.....

Robert H. Maple

Signed.....
Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.