

FILED DEC 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36452

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1243

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>7 yrs.</b>	c. CITY OR TOWN <b>St. Joseph</b>		8117
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Idle Hour Nursing Home.</b>			d. STREET ADDRESS (If rural, give location) <b>617 N. 12th Street</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle) <b>G.</b>	c. (Last) <b>Roderick</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>December 1, 1951.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>September 27, 1879</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Wales.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jeremiah Roderick</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Griffith</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ernest Simpson</b>	ADDRESS <b>St. Joseph, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Cerebral Vascular Disease</b>	DUE TO (b) <b>Arteriosclerosis</b>		unknown
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	DUE TO (c)		Unknown
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	334-X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7-20 19 51, to 12-1, 19 51, that I last saw the deceased alive on 10-10, 19 51, and that death occurred at 12:55 m., from the causes and on the date stated above.

23a. SIGNATURE <i>Charles E. Castel</i> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Kirkpatrick Building St. Joseph, Missouri</b>	23c. DATE SIGNED <b>12-5-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 3, 1951.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 6, 1951</b>	REGISTRAR'S SIGNATURE <i>Carl E. Castel</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Fleckhoff</i>	ADDRESS <b>St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

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working under my personal supervision.

Student Embalmer No. \*\*\*\* \*\*\*\*\*

Signed

*Raymond J. McCreary*

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

Signed \*\*\*\* \*\*\*\*\*  
Student Embalmer

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.