

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **530**

FILED FEB 1 1952

BIRTH NO. _____ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **3011** Registrar's No. **7**

0170

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

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Norborne.	
c. LENGTH OF STAY (in this place) 12 Days		d. STREET ADDRESS (If rural, give location) East 3rd Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Smith Hospital.			

3. NAME OF DECEASED (Type or Print) a. (First) Christ b. (Middle) Rodenberg c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Jan 22, 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 10-1866	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner	10b. KIND OF BUSINESS OR INDUSTRY Farmer.	11. BIRTHPLACE (State or foreign country) Sudfield, Germany	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Henry Rodenberg.	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No	17. INFORMANT'S SIGNATURE OR NAME Charles Rodenberg, Norborne, Mo.	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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 15 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 491X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Jan 10, 1952** to **Jan 22, 1952**, that I last saw the deceased alive on **Jan 22, 1952**, and that death occurred at **9:55 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. M. Smith, M.D.	23b. ADDRESS Carrollton, Mo.	23c. DATE SIGNED Jan 24 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 24-1952	24c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery	24d. LOCATION (City, town, or county) (State) Norborne, Mo.
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DATE REC'D BY LOCAL REG. 1-24-52	REGISTRAR'S SIGNATURE Ma Herbert Calvert	25. FUNERAL DIRECTOR'S SIGNATURE John H. Deitch Jr	ADDRESS Norborne
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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John G. Dutch Jr

Licensed Embalmer No. 4797

P. O. Address Harborne

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.