

STANDARD CERTIFICATE OF DEATH

2345

State File No.

FILED JAN 30 1952

BIRTH NO. 3466 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		<u>0852</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DeWitt Hosptial</u>			d. STREET ADDRESS (If rural, give location) <u>H</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wanda</u> b. (Middle) <u>Jean</u> c. (Last) <u>Rodobough</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Jan. 9, 1952</u>		9. AGE (in years last birthday) IF UNDER 1 YEAR: Months <u>1</u> Days <u>1</u> IF UNDER 1 HR. Hours <u>1</u> Mins. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>James S. Rodobough</u>	13b. MOTHER'S MAIDEN NAME <u>Daisy Ella Gray</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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>James E. Rodobough</u>		ADDRESS <u>Waynesville</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningococci et spina lipida</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.	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 <u>751X</u>		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)
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?

22. I hereby certify that I attended the deceased from 1-9, 1952, to 1-10, 1952, that I last saw the deceased alive on 1-10, 1952, and that death occurred at 4:0 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. O. DeWitt</u>	(Degree or title)	23b. ADDRESS <u>Waynesville, Mo.</u>	23c. DATE SIGNED <u>1-21-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 12, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hooker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hooker Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-21-52</u>	REGISTRAR'S SIGNATURE <u>Paula Spivey Anderson</u>	458	FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Home</u>	ADDRESS <u>Brookfield, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

850
0

RECEIVED 1-21-52
Pulaski County Health Officer
File Number
Date Filed 1-26-52

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 Walter P. Hedger

Licensed Embalmer No. 4265

P. O. Address Stena, 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.