

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **35174**  
**4257**

**FILED OCT 18 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>30 years</b>		d. STREET ADDRESS (If rural, give location) <b>3341 Karnes Blvd.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Walnut Nursing Home</b>			

3. NAME OF DECEASED a. (First) <b>MRS. MARGARET</b>		b. (Middle) <b>RODEN</b>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 28 1952</b>	
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow Nov 12 1886</b>		8. DATE OF BIRTH <b>Nov 12 1865</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>86</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>Wright City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	

13a. FATHER'S NAME <b>JOHN FINN</b>			13b. MOTHER'S MAIDEN NAME <b>NANCY O'BRIEN</b>			14. NAME OF HUSBAND OR WIFE <b>THOMAS RODEN</b>		
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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) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Edward J Sicking</i>		ADDRESS <b>3341 Karnes Blvd</b>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure, Arterio-sclerotic heart disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 Days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <b>Arterio Sclerosis</b>		<b>10 years</b>			
			DUE TO (c) <b>Advanced Age</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							<b>4200</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)	
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 **9/24/52**, **1952/28/52**, 19\_\_\_\_, that I last saw the deceased alive on **9/28/52**, 19\_\_\_\_, and that death occurred at **2:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>R Paul Wright</i> (Degree or title) <b>MD Mr D.</b>		23b. ADDRESS <b>Kansas City - 6-1200</b>		23c. DATE SIGNED <b>Sept 29, 52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>October 1 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri.</b>	
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DATE REC'D BY LOCAL REG. <b>9-29-52</b>		REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Quirk &amp; Robin Co</i>		ADDRESS <b>20 West Linwood</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

20. 201 1368

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, ~~only~~

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Forrest D. Coldenow*

Licensed Embalmer No. *4714*

P. O. Address. *K. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.