

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43773

FILED JAN 10 1953

State File No. 11673

U.S. No. 300  
REV. 10-48

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BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Oklahoma</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) <b>4 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Okmulgee,</b>		<b>8350</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>BARNES HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>1332 E. Tenth Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Dwight Edward</b>		b. (Middle) <b>D.</b>		c. (Last) <b>Rodda</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 18, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July, 13, 1892</b>		9. AGE (In years last birthday) <b>60</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Doctor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Physician</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Wier, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Thomas Rodda</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Lloyd</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Anne Rodda,</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>W.W. 1</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Anne Rodda, 1332 E. 10th Street Okmulgee, Okla.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure following Past Pneumonectomy</b> Metastatic Cancer, Primary in the Lung 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.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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? <b>162x</b>			
22. I hereby certify that I attended the deceased from <b>12-15-52</b> , to <b>12-18</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>12-18</b> , 19 <b>52</b> , and that death occurred at <b>12:08p</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>F. R. Bradley M.D.</b>				23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>12/18/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-18-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Okmulgee Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Okmulgee, Okla.</b>		
DATE REC'D BY LOCAL REG. <b>DEC 19 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math Hermann &amp; Son Inc. 2161 E. Fair Ave.</b>			

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

JAN 20 1953

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

3737

P. O. Address \_\_\_\_\_

J. Lavin

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.