

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2460

FILED JUL 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 4409 Registrar's No. 132

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Phelps</u> |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Phelps</u> |   |
| b. CITY OR TOWN <u>Newburg</u>               | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN <u>Newburg</u>   | d. STREET ADDRESS (If rural, give location) <u>0810</u> |
| 1. d. FULL NAME OF HOSPITAL OR INSTITUTION   |                                   | d. STREET ADDRESS (If rural, give location) <u>0</u>   |   |

|   |                               |   |  |   |   |                             |
|---|-------------------------------|---|--|---|---|-----------------------------|
| 3. NAME OF DECEASED (Type or Print) <u>FRANCES ELIZABETH RODERICK</u>   |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1953</u>                  |   |   |                             |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Apr 2 - 1871</u>                                       | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months Days             | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                     | 11. BIRTHPLACE (City and State or Foreign Country) <u>Phelps County Mo</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |                             |

|  |                                     |  |
|--|-------------------------------------|--|
| 13a. FATHER'S NAME <u>Isaac Burgett</u>  | 13b. MOTHER'S MAIDEN NAME           | 14. NAME OF HUSBAND OR WIFE <u>Doc</u>                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mora Home</u> ADDRESS |

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)   | MEDICAL CERTIFICATION                                    |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>  | ANTECEDENT CAUSES <u>Arteriosclerosis + Hypertension</u> |  | <u>48 hours</u>                  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | DUE TO (b) <u>Arteriosclerosis + Hypertension</u>        |  |                                  |
|  | DUE TO (c) <u>Senile debility</u>                        |  |                                  |
| 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   | 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) | 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 April, 1943 to June, 1953, that I last saw the deceased alive on April 17 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |                                  |  |
|---|----------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Richard E. Nigam D.D.</u>   | 23b. ADDRESS <u>Newburg, Mo.</u> | 23c. DATE SIGNED <u>June 1953</u>                            |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>         | 24b. DATE <u>June 19 1953</u>    | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Newburg Mo</u> |                                  |  |

|  |  |      |   |
|--|--|------|---|
| DATE REC'D BY LOCAL REG. <u>June 23 1953</u> | REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> | 3811 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u> ADDRESS <u>Newburg Mo</u> |
|--|--|------|---|

(Licensed Embalmer's Statement on Reverse Side)

PLEASE PRINT - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

County File Number \_\_\_\_\_  
Date Filed 7-1-53

AUG 5 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 Leo Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg, Mo

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

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