

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38332

State File No. ....

FILED DEC 7 1953

BIRTH NO. ....		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1244</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Buchanan</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAVANNAH</u>		d. STREET ADDRESS (If rural, give location) <u>402 N. 2nd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		c. LENGTH OF STAY (in this place) <u>1 DAY</u>		b. COUNTY <u>Andrew</u>		e. STATE <u>Missouri</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Irma</u>			b. (Middle) <u>Rodecker</u>			c. (Last) <u>Rodecker</u>	
6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>			8. DATE OF BIRTH <u>11-7-1878</u>	
9. AGE (In years last birthday) <u>75</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Abington, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>George Rodecker</u>			13b. MOTHER'S MAIDEN NAME <u>Eliza Copper</u>	
14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George Rodecker</u>			18. CAUSE OF DEATH			19. INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>	
ADDRESS <u>3713 Euclid Kansas City Mo</u>			1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial Infarction</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
MEDICAL CERTIFICATION			*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				
21. ANTECEDENT CAUSES			2. OTHER SIGNIFICANT CONDITIONS				
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			Conditions contributing to the death but not related to the disease or condition causing death.				
DUE TO (b)			DUE TO (c)				
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?	
22. I hereby certify that I attended the deceased from <u>10-13, 1953</u> to <u>11-20, 1953</u> , that I last saw the deceased alive on <u>11-29, 1953</u> , and that death occurred at <u>2:10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Warren C. Baker M.D.</u>			23b. ADDRESS <u>107 N 6th Savannah, Mo</u>			23c. DATE SIGNED <u>11-30-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>12-2-1953</u>			24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>	
24d. LOCATION (City, town, or county) (State) <u>SAVANNAH, MO</u>			DATE REC'D BY LOCAL REG. <u>Dec 2, 1953</u>			REGISTRAR'S SIGNATURE <u>Garth M. Allison</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home Savannah Mo</u>			ADDRESS <u>495</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

**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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.