

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45657**

BIRTH NO. **FILED FEB 9 1954** REG. DIST. NO. **339** PRIMARY REG. DIST. NO. **6149** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Stoddard 1039		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give town or township) Dudley Rural		c. LENGTH OF STAY (In this place) 34 yr.	
c. CITY (If outside corporate limits, write RURAL and give township) Dudley Duck Creek Twp.		d. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1 Duck Creek Twp.			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Elva	
		c. (Last) Roedel	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1953			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 27, 1904
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (City and State or Foreign Country) Enfield, Ill.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY housewife	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Stallings		13b. MOTHER'S MAIDEN NAME Martha Whiting	
14. NAME OF HUSBAND OR WIFE George C. Roedel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. X X X	
17. INFORMANT'S SIGNATURE OR NAME Geo. C. Roedel		ADDRESS Dudley, Mo. R. 1	
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) Carcinosis of liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arthritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5810	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4 Oct, 1953 to 30 Dec, 1953 that I last saw the deceased alive on 29 Dec, 1953 and that death occurred at 100 m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. H. Brookreaver M.D.		23b. ADDRESS 321 Oak Poyles Bluff Mo.	
23c. DATE SIGNED Jan 54			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-1-54	
24c. NAME OF CEMETERY OR CREMATORY Puxico cemetery		24d. LOCATION (City, town, or county) (State) Puxico, Missouri	
DATE REC'D BY LOCAL REG. Feb 5/54		REGISTRAR'S SIGNATURE Pearl Reed	
25. FUNERAL DIRECTOR'S SIGNATURE Watkins		ADDRESS Funeral Ser. Dexter, Mo.	

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

Walter Marsh Watters

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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.