

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 1 1954

REG. DIST. NO. 77

PRIMARY REG. DIST. NO. 5304

Registrar's No. 26

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

1. PLACE OF DEATH a. COUNTY Cole <i>Osage Pump</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wardsville, MO		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Wardsville,
d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. 4 Jefferson City		4. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) R. R. 4 Jefferson City		0260	

3. NAME OF DECEASED (Type or Print) a. (First) August	b. (Middle)	c. (Last) Rodeman	4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 23, 1876	9. AGE (In years last birthday) 77	10. UNDER 1 YEAR Months 40	11. UNDER 1 HRS. Hours 5	12. CITIZEN OF WHAT COUNTRY? U.S.A
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Wardsville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Henry Rodeman	13b. MOTHER'S MAIDEN NAME Caesina Rackers	14. NAME OF HUSBAND OR WIFE Annie Hoelscher
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Annie Rodeman	ADDRESS Wardsville Mo
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	DUE TO (b) <i>arteriosclerosis</i>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <i>Heart Disease</i>		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *May 1949* to *Jan 1954*, that I last saw the deceased alive on *Jan 25, 1954*, and that death occurred at *7:30 AM*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J. A. Osseman MD</i>	23b. ADDRESS <i>Jeff. City - Mo</i>	23c. DATE SIGNED <i>1-30-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 1, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Stanislaus	24d. LOCATION (City, town, or county) (State) Wardsville, Mo.
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DATE REC'D BY LOCAL REG. <i>Jan 30-1954</i>	REGISTRAR'S SIGNATURE <i>R.P. Harris MD-MR</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Spencer R. R. R. R.</i>	ADDRESS J. C. MO.
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VS
APR 22 1959

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.....
Signature of Student Embalmer

Signed..... *Sylvester Dulle*

Licensed Embalmer No. 43

P. O. Address *J. J. J.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.