

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7879**  
Registrar's No. **216**

BIRTH NO. **FILED APR 8 1954** REG. DIST. NO. **40** PRIMARY REG. DIST. NO. **3007**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Butler</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b> c. LENGTH OF STAY (In this place) <b>8 days</b> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Gillis Bluff Two</b> d. STREET ADDRESS (If rural, give location) <b>Qulin, R. 1</b>	
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<b>3. NAME OF DECEASED</b> a. (First) <b>EDNA</b> b. (Middle) <b>LOTELL</b> c. (Last) <b>RODEWALD</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 16, 1954</b>		
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<b>5. SEX</b> Female	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) Widowed	<b>8. DATE OF BIRTH</b> Aug. 7, 1890	<b>9. AGE</b> (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Housewife			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) Blodgett, Missouri	
<b>12. CITIZEN OF WHAT COUNTRY?</b> U.S.A.						

<b>13a. FATHER'S NAME</b> Lafayette Dixon	<b>13b. MOTHER'S MAIDEN NAME</b> Charlotte Faults	<b>14. NAME OF HUSBAND OR WIFE</b> ---
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) no	<b>16. SOCIAL SECURITY NO.</b> none	<b>17. INFORMANT'S SIGNATURE OR NAME</b> Christina Rodewald, Qulin, Mo. R. 1		<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <i>Coronary heart disease</i>		
<b>ANTECEDENT CAUSES</b> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b> 8-8-54	<b>19b. MAJOR FINDINGS OF OPERATION</b> <i>Penetration of bladder full of stones</i>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. CITY, TOWN, OR TOWNSHIP</b> (COUNTY) (STATE)	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from** March 6, 1954, **to** March 16, 1954, **that I last saw the deceased alive on** March 16, 1954, **and that death occurred at** 2:10 a.m., **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>M. Kemmerer M.D.</i>	<b>23b. ADDRESS</b> Poplar Bluff Hospital Poplar Bluff, Missouri	<b>23c. DATE SIGNED</b> Mar 21, 1954
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) Burial	<b>24b. DATE</b> Mar 18, 1954	<b>24c. NAME OF CEMETERY OR CREMATORY</b> Qulin Cemetery	<b>24d. LOCATION</b> (City, town, or county) (State) Qulin, Missouri
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<b>DATE REC'D BY LOCAL REG.</b> 3/30/54	<b>REGISTRAR'S SIGNATURE</b> <i>R. H. Muench</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS Wadness Funeral Home, Campbell, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
APR 5 - 1954  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

51812

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, M

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.