

FILED SEP 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31063

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY	
c. LENGTH OF STAY (in this place) 23 YRS			
d. FULL NAME OF HOSPITAL OR INSTITUTION 305 NORTH LIBERTY		d. STREET ADDRESS (If rural, give location) 305 NORTH LIBERTY	

3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) MATHIAS c. (Last) RODERIQUE			4. DATE OF DEATH (Month) (Day) (Year) SEPT 12 1954			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEBRUARY 5, 1909	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 7 Days 7	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY SIGN PAINTING		11. BIRTHPLACE (State or foreign country) RECOLA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME FIRMON RODERIQUE		13b. MOTHER'S MAIDEN NAME SARAH DECIVE		14. NAME OF HUSBAND OR WIFE VELMA RODERIQUE	
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. 490-10-1236		17. INFORMANT'S SIGNATURE OR NAME VELMA RODERIQUE	
				ADDRESS WEBB CITY, MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma of the liver		INTERVAL BETWEEN ONSET AND DEATH I Month	
II. ANTECEDENT CAUSES Undetermined, probably carcinoma of the pancreas			
DUE TO (b) _____			
DUE TO (c) _____			
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 157X		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 7-30, 1954, to 9-12-1954, that I last saw the deceased alive on 9-12-1954, and that death occurred at 12:10 PM, from the causes and on the date stated above.

23a. SIGNATURE W. W. Forbes, D. O.		(Degree or title)		23b. ADDRESS 106 S. Main St. Webb City, Mo.		23c. DATE SIGNED 9-13-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-14-1954		24c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY		24d. LOCATION (City, town, or county) (State) WEBB CITY MO	
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DATE REC'D BY LOCAL REG. 9-14-54		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		25. FUNERAL DIRECTOR'S SIGNATURE HEDGE-LEWIS FUNERAL HOME		ADDRESS WEBB CITY, MO	
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(Licensed Embalmer's Statement on Reverse Side)

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

049-1

0492

INSTRUCTIONS TO BE READ BY LICENSEE

SEP 24 1954

JAN 7 1955

RECEIVED SEP 20 1954
Jasper County Health Office
County File Number 54-9-779
Date Filed SEP 21 1954

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 Richard Gray Lew

Licensed Embalmer No. 4495

P. O. Address Webb City

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.