

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri**
b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) **Kansas City**
c. LENGTH OF STAY (If this place) **5 days**

c. CITY OR TOWN **Kansas City**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Joseph Hospital**

STREET ADDRESS (If rural, give location) **9116 East 31st St.**

3. NAME OF DECEASED
a. (First) **GEORGE**
b. (Middle) **E.**
c. (Last) **RODNEY**

4. DATE OF DEATH (Month) (Day) (Year)
March 30, 1955

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Nov. 11, 1900**

9. AGE (In years last birthday) **54**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Fire Dept.**

10b. KIND OF BUSINESS OR INDUSTRY **Remington Arms**

11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Hugh H. Rodney**

13b. MOTHER'S MAIDEN NAME **Margarette Campbell**

14. NAME OF HUSBAND OR WIFE **Ada May Rodney**

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. **486-01-1731**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Ada May Rodney, 9116 E. 31, Indep., Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **post operative shock**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Carcinoma of Pancreas**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
10 hours
4 months
157X

19a. DATE OF OPERATION **3-30-55**

19b. MAJOR FINDINGS OF OPERATION **Remittent mass - hand opening lines**

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-25**, 1955, to **3-30**, 1955, that I last saw the deceased alive on **3-30**, 1955, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **David J. Elias** (Degree or title) **M.D.**

23b. ADDRESS **Blue Ridge, out of town**

23c. DATE SIGNED **3-31-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **4-2-55**

24c. NAME OF CEMETERY OR CREMATORY **Mt. Olivet**

24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **4-1-55** REGISTRAR'S SIGNATURE **Meva Marshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **STINE & McCLURE UND. CO. K.C. MO.**

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

Exp 11:30 PM '71

Ans. David ...
Blue Bridge, Cutler + Reno 40

Was 7700

St. Joseph ...

normal appearing liver

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 *J. S. Walton*

Licensed Embalmer No *2744*
P. O. Address *K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting...
If this body is not embalmed, fact should be so stated above.