

FILED NOV 15 1956

STANDARD CERTIFICATE OF DEATH

State File No. **34205**
4657

BIRTH NO. 100100-52 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4657

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) the 5th mo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. Osteopathic Hospital		STREET ADDRESS (If rural, give location) 944 Northrup 815th	

3. NAME OF DECEASED (Type or Print) a. (First) Phillip	b. (Middle) Eibert	c. (Last) Rodabaugh	4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1956
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5. SEX D MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH OCT. 26, 1956	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min. 1 50
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME LORENZO (NONE) RODABAUGH	13b. MOTHER'S MAIDEN NAME JANE FRANCES BAPTIST	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Jan Frances Rodabaugh	ADDRESS 11 C. Ka.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 724X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Respiratory Exhaustion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity 22 weeks 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	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)	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 10-26, 1956, to 10-26, 1956, that I last saw the deceased alive on 10-26, 1956, and that death occurred at 9:09am., from the causes and on the date stated above.

23a. SIGNATURE Lee E. Davidson (Degree or title) DO	23b. ADDRESS 3504 Trost KC Mo	23c. DATE SIGNED 10-26-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 10-26-1956	24c. NAME OF CEMETERY OR CREMATORY MT. CALVARY	24d. LOCATION (City, town, or county) (State) KANSAS CITY, KANSAS
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DATE REC'D BY LOCAL REG. 10-27-56	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE SKRADSKI-STINE F.H.	ADDRESS K.C.K.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Lee E. Davidson

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.....
Walter Shredski

Licensed Embalmer No. 438

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.