

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
James L. Rowland

FILED MAY 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **17328**
Registration District No. **149** Primary Registration District No. **1001** Registrar's No. **2174**

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5203 Euclid Ave.			Length of stay in lb 50 yrs.		d. STREET ADDRESS 5203 Euclid Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First JOSEPH Middle FORREST Last RODABAUGH				4. DATE OF DEATH Month May Day 8th , Year 1957									
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 27, 1883		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clergyman				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) York, Nebraska				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Daniel F. Rodabaugh						14. MOTHER'S MAIDEN NAME Melinda Cowan							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No				16. SOCIAL SECURITY NO. 486-10-1031A		17. INFORMANT Address Mrs. Minnie Rodabaugh K. C. Mo.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hydronephrosis. DUE TO (c) Metastatic prostatic carcinoma.										INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Malnutrition										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY. Hour Month, Day, Year a. m. p. m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE							
21. I attended the deceased from 4-8-57 to 5-8-57 and last saw ^{him} alive on 5-7-57 Death occurred at 3:55 PM m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree, if M.D.) James L. Rowland, M.D.										22b. ADDRESS 8129 Wornall Rd. MO		22c. DATE SIGNED 5-9-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-11-57		23c. NAME OF CEMETERY OR CREMATORY Forest Hill				23d. LOCATION (City, town, or county) (State) Kansas City, Missouri					
24. FUNERAL DIRECTOR ADDRESS FREEMAN MORTUARY, Kansas City, Mo.					25. DATE RECD. BY LOCAL REG. 5-9-57		26. REGISTRAR'S SIGNATURE Neve Minshall						

3 - 200
8129 - Memorial Rd.



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. Freeman*.....

Licensed Embalmer No. 29

P. O. Address F. O.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.