FILED AUG 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28624

STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 5637 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Lafayette b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay — Inside Limits Yes ☐ No ☒ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clay Township — Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette c. CITY OR TOWN Wellington, Mo. — Inside Limits Yes ☐ No ☒ d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JACOB Middle WILLIAM Last ROEDEL

4. DATE OF DEATH: Month August Day 4 Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: July 23, 1878

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Mt. Vernon, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Godfried Roedel

14. MOTHER'S MAIDEN NAME: Elizabeth Pfeiffer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT: Miss. Ella Roedel Address: Wellington, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	15, Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cardiac Decompensation	5, years
	Chronic Myocarditis	6, years
DUE TO (c)	Arteriosclerosis	15, years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 April 2, 1949 to Aug. 3, 1957 and last saw ~~her~~ him alive on Aug 3, 57. Death occurred at 5:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) D. O.

22b. ADDRESS: Wellington, Mo

22c. DATE SIGNED: 8-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug. 6, 1957

23c. NAME OF CEMETERY OR CREMATORY: St. Lukes United Church Of Christ

23d. LOCATION (City, town, or county) (State): Wellington, Missouri

24. FUNERAL DIRECTOR ADDRESS: J. Clair Sheppard Wellington, Mo.

25. DATE RECD. BY LOCAL REG.: Aug. 6-1957

26. REGISTRAR'S SIGNATURE: Emma Davidson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

AUG 28 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jr. Clair Shippas

Licensed Embalmer No. 41

P. O. Address Wellington

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