

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013546

STATE FILE NUMBER

FILED APR 16 1958

Registration District No. 59

Primary Registration District No. 5222

Registrar's No. 48

300  
1-57

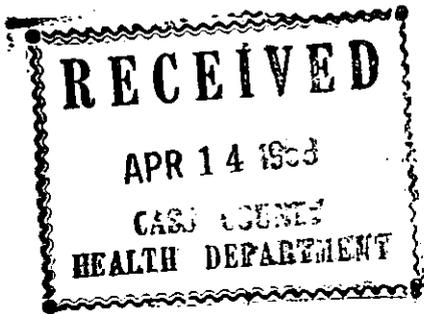
199

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>FREEMAN</u> <u>Polan Top</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Freeman</u> <u>0198</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>T.W. of Freeman Mo.</u> Length of stay in lb <u>5 yrs</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>W.</u> Last <u>Rodier</u>			4. DATE OF DEATH <u>April 6 1958</u> Month <u>April</u> Day <u>6</u> Year <u>1958</u>
5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 2 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Part owner &amp; Opr. Music Store</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Zurich, Kansas</u>
13a. FATHER'S NAME <u>Unknown Rodier</u>		13b. MOTHER'S MAIDEN NAME <u>Ophelia Delphi</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth G. Rodier</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT Address <u>Joe Rodier Freeman, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac Insufficiency</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>6 years</u> <u>15 years</u>
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 o.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>June 1956</u> to <u>Apr 1958</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>Apr 5, 1958</u> Death occurred at <u>4 a</u> m on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>N. E. Finock</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Harrisonville</u>	22c. DATE SIGNED <u>Apr 6, 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 9, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Melody MCGilley Eylar Lin &amp; Woodland</u> <u>Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>April 8, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Nora Barward</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.



*Dr. Heinrich D.O.*  
*FL-3-5784*  
*Rec 9059 E 65 Test*

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 George A. JACKSON, Student Embalmer No. 558 working under my personal supervision.

Student George A. Jackson  
Signature of Student Embalmer

Signed Arthur Eugene Ho

Licensed Embalmer No. 4912

P. O. Address .....

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.