

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021620

STATE FILE NUMBER

FILED JUN 23 1958

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

620

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Springfield</b> 63960	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>410 E. Calhoun</b>	Length of stay in lb <b>4 yrs.</b>	d. STREET ADDRESS <b>410 E. Calhoun</b> (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>HOPEFUL</b> Last <b>RODIER</b>			4. DATE OF DEATH Month <b>June</b> Day <b>19</b> Year <b>1958</b>			
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 13, 1892</b>	9. AGE (In years at birthday) <b>66</b>	FUNDER 1 YEAR Months <b>6</b> Days <b>3</b> Hours <b>0</b> Min.	IF UNDER 24 HRS. Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bank Guard</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Bank Guard</b>	11. BIRTHPLACE (City and state or country) <b>Titusville, Penn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles Rodier</b>	13b. MOTHER'S MAIDEN NAME <b>Sophia Woodering</b>	14. NAME OF HUSBAND OR WIFE <b>Esther</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <b>no</b> unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>267-26-4108</b>	17. INFORMANT <b>Mrs. Esther Rodier Springfield, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2044</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Lukemia</b>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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 <b>4:30</b> Month <b>Jan</b> Day <b>12</b> Year <b>1958</b> 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 <b>Springfield, Mo.</b>	COUNTY	STATE
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21. I attended the deceased from **Jan 12, 1958 4:30 P.** to **June 13, 1958** and last saw him alive on **June 7, 1958**. Death occurred at **4:30 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Lyman D. Brown M.D.</b>	22b. ADDRESS <b>311 1/2 College</b>	22c. DATE SIGNED <b>6/16/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 16, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Eastlawn</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>
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24. FUNERAL DIRECTOR <b>Ralph Thieme</b>	ADDRESS <b>Springfield, Mo. LM</b>	25. DATE RECD. BY LOCAL REG. <b>6-17-58</b>	26. REGISTRAR'S SIGNATURE <b>Effie G. Melton</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

8961 6 11P.

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 *Lee Mason* .....

Licensed Embalmer No. 4568 .....

P. O. Address Springfield, 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.