

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044572

STATE FILE NUMBER

FILED JAN 5 1958 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 279

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-57

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 Greenwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Greenwood
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Town		Length of stay in 1b 5 yrs.	d. STREET ADDRESS (If outside, give location) Town
3. NAME OF DECEASED (Type or print) First Margaret Middle Elizabeth Last Roderick		4. DATE OF DEATH Month Dec. Day 22 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 4, 1860
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Argyle, N.Y.
10a. KIND OF BUSINESS OR INDUSTRY Home		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James A. Taylor		13b. MOTHER'S MAIDEN NAME Elliot	14. NAME OF HUSBAND OR WIFE John O. Roderick Dec.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT Ivan Roderick, Greenwood, 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) Cerebral Vascular accident.			INTERVAL BETWEEN ONSET AND DEATH 2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis cerebral vascular disease			5 yrs.
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			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 _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, -ctory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Dec 3, 1958 to Dec 22, 1958 and last saw her him alive on Dec 22, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William F. Bell M.D.		22b. ADDRESS Law Summit, Mo	22c. DATE SIGNED Dec 23, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 24, 1958	23c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery	23d. LOCATION (City, town, or county) (State) Manhattan, Kansas
24. FUNERAL DIRECTOR Courser F.H. Manhattan Kan.		25. DATE RECD. BY LOCAL REG. 12-23-1958	26. REGISTRAR'S SIGNATURE J. B. Longstaff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. B. Longford*

Licensed Embalmer No. *4962*

P. O. Address *Reishman*

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.