

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006257

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 55 STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

FILED VS FEB 24 1961

1. PLACE OF DEATH

a. COUNTY **St. Francois**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Bonne Terre, Mo.** Length of stay in 1b

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Dead on arrival at Bonne Terre Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo** b. COUNTY **St. Louis**

c. CITY OR TOWN **3437 St. Louis Av.** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **3437 St. Louis Av.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last

Hazel Roddy

4. DATE OF DEATH Month Day Year

Feb. II 1961

5. SEX **Female** 6. COLOR OR RACE **Colored** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **1922** 9. AGE (last birthday) **Abt. 38** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) **Augusta Ark.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **David Puckett** 13b. MOTHER'S MAIDEN NAME **Minnie Hollis** 14. NAME OF HUSBAND OR WIFE **St Clair Roddy**

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 **Gloria Puckett** Address **2250 Case ST. LOUIS 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) **Injuries from Automobile accident** INTERVAL BETWEEN ONSET AND DEATH **D.O.A.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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.) **Head injuries from auto accident**

20c. TIME OF INJURY Hour Month, Day, Year **9:30 p.m. Feb-11, 1961**

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.) **Hwy 67, 5 mi S. Leadlight** 20f. CITY, TOWN, OR LOCATION **Leadlight** COUNTY **St. Francis** STATE **Mo.**

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at **9:30 p** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Ted Boyer Coroner** 22b. ADDRESS **Bonne Terre, Mo** 22c. DATE SIGNED **2-13-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **2-16-61** 23c. NAME OF CEMETERY OR CREMATORY **St. Louis Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Mo**

24. FUNERAL DIRECTOR **RoKoonce** ADDRESS **Funeral Home St. Louis Mo** 25. DATE RECD. BY LOCAL REG. **Feb. 13, 1961** 26. REGISTRAR'S SIGNATURE **Gather Rudloff**

JAN 10 1962

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 Donald Dale Caldwell

Licensed Embalmer No. 5095-

P. O. Address Hot River, 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.