

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018136
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 607

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 4 1962

1. PLACE OF DEATH
a. COUNTY **Buchanan**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Joseph** Length of stay in 1b **45 years**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **3103 N. 6th St.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Buchanan**
c. CITY OR TOWN **St. Joseph** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **3103 N. 6th St.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **ROBERTO** Middle **JESS** Last **RODRIGUEZ** 4. DATE OF DEATH Month **May** Day **16** Year **1962**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **8/6/1892** 9. AGE (last birthday) **69** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **retired laborer** 10b. KIND OF BUSINESS OR INDUSTRY **Packing Plant** 11. BIRTHPLACE (City and state or country) **Mexico Nochisttan, Zacatecas** 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME **Hilario Rodriguez** 13b. MOTHER'S MAIDEN NAME **Maria unknown** 14. NAME OF HUSBAND OR WIFE **Alma M.**

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. [redacted] 17. INFORMANT **Mary Jane Rodriguez, 3103 N. 6th St. St. Joseph, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **CARCINOMATOSIS**
DUE TO (b) **PRIMARY CARCINOMA Rt. Colon**
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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
INTERVAL BETWEEN ONSET AND DEATH **6 mos.**
APRIL - 1959

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 **FEB - 1962** to **MAY 1962** and last saw him alive on **APRIL 6 - 1962**
Death occurred at **6:20 p.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **John T. Rogers M.D.** 22b. ADDRESS **602 Jules St. Joseph, Mo** 22c. DATE SIGNED **5/19/1962**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **5/18/1962** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Olivet Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Joseph Missouri**

24. FUNERAL DIRECTOR **Hector Bauman** ADDRESS **St. Joseph, Mo.** 25. DATE RECD. BY LOCAL REG. **June 1, 1962** 26. REGISTRAR'S SIGNATURE **Mrs. Clark Goodell**

VS 300
Rev. 4/59
15117
25117
3
4 **0**
5 **2**
6
7 **2**
8 **2**
9 **153.0**
10
11
12 **90 - 0**
13 **1 - 0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

John T. Rogers M.D.

USE BLACK INK OR TYPEWRITER RIBBON

JUN 7 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 Eugene Wood

Licensed Embalmer No. 3864
P. O. Address 319 So 10th, St Joseph, 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.