MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-037748
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1174

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED OCT 22 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: 1 week
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1804 Faraon Goforth Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Andrew
c. CITY OR TOWN: Whitesville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1 mile south — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Wilber Middle: Harrison Last: Rodecker

4. DATE OF DEATH: Month October Day 13 Year 1962

5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-29-85
9. AGE (last birthday): 77 — 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): retired carpenter
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (City and state or country): Andrew County, Mo.
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Fred Rodecker
13b. MOTHER'S MAIDEN NAME: Lorinda Harrison
14. NAME OF HUSBAND OR WIFE: Kate Rodecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of servic
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. F. P. Rodecker, Address: 2602 Buehler St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line f
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiple Small Strokes — INTERVAL BETWEEN ONSET AND DEATH: 3-4 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis Gen — yrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: Senility –
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.)
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 9-23-62 to 10-13-62 and last saw ~~her~~ him alive on 10-11-62
Death occurred at 9:40 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert W. Kieber, M.D. (Degree or title) — R.W. Kieber, M.D.
22b. ADDRESS: St. Joseph Mo
22c. DATE SIGNED: 10-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 10-13-62
23c. NAME OF CEMETERY OR CREMATORY: Whitesville Cemetery
23d. LOCATION (City, town, or county) (State): Whitesville, Missouri

24. FUNERAL DIRECTOR: BREIT & HAWKINS ADDRESS: SAVANNAH
25. DATE RECD. BY LOCAL REG.: Oct. 17, 1962
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
15	117		
20	20	1	
3			
4	0		
5	9		
6			
7	0		
8	2		
9	334X		
10			
11			
12	86-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 10/13/62

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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

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.