

FILED SEP 7 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27501

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u> <u>0681</u>	
c. LENGTH OF STAY (in this place) <u>11 days</u>		d. STREET ADDRESS (If rural, give location) <u>106 North East St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lathan Sanitarium</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EHRHARDT</u> b. (Middle) <u>JOHN</u> c. (Last) <u>ROEDEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 16, 1872</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Moniteau Co., Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry J. Roedel</u>		13b. MOTHER'S MAIDEN NAME <u>Sophie Schaff</u>	14. NAME OF HUSBAND OR WIFE <u>Sophia Bieri</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>L.H. Roedel, 1407 S. Sneed</u> ADDRESS <u>St. Louis, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 year</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Generalized arteriosclerosis</u> <u>10 year.</u>	
		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		4221	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 10, 1948</u> , to <u>Aug 24, 1950</u> , that I last saw the deceased alive on <u>Aug 24, 1950</u> , and that death occurred at <u>2 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Kenyon Latham</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>California, Mo.</u>	23c. DATE SIGNED <u>8-25-50</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Aug 26, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Moniteau Evangelical</u>	24d. LOCATION (City, town, or county) (State) <u>Moniteau County Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-26-50</u>	REGISTRAR'S SIGNATURE <u>H.R. Poppey</u> <u>202</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A.E. Wilson</u> ADDRESS <u>California, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0681

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed A. E. Wilson

Signed.....  
Student Embalmer

Licensed Embalmer No. 2351

P. O. Address California, 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 this body is not embalmed, fact should be so stated above.