

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026307

STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>California</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>California</i>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <i>Latham Hosp.</i>		Length of stay in lb	8. STREET ADDRESS (If outside, give location)
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Sophia</i> Middle Last <i>ROEDER</i>			4. DATE OF DEATH Month <i>July</i> Day <i>31</i> Year <i>1958</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar 31-1870</i>	9. AGE (Years last birthday) IF UNDER 1 YEAR <i>88</i> Months <i>4</i> Days <i>0</i> IF UNDER 24 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>no.</i>	11. BIRTHPLACE (City and state or country) <i>Switzerland</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>John Bierer</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Broechbuehl</i>		14. NAME OF HUSBAND OR WIFE <i>Erhardt Roedel</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No.</i>		17. INFORMANT <i>Truman Roedel</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Vascular Accident</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Generalized Arteriosclerosis</i>			
DUE TO (c) <i>331X</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 <i></i> Month <i></i> Day <i></i> Year <i></i> a.m. <i></i> p.m. <i></i>			

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, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <i>June 1954</i> to <i>July 31, 1958</i> and last saw her alive on <i>July 31, 1958</i> Death occurred at <i>1:37</i> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>London Gaeleher M.D.</i>	(Degree or title)	22b. ADDRESS <i>California, Mo.</i>	22c. DATE SIGNED <i>8-1-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>8-2-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Salem Evangelical</i>	23d. LOCATION (City, town, or county) (State) <i>Janestown Mo.</i>
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24. FUNERAL DIRECTOR <i>Hugh E. Williams</i>	ADDRESS <i>California, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>8/2/58</i>	26. REGISTRAR'S SIGNATURE <i>H. L. Pappay</i>
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(Licensed Embalmer's Statement on Reverse Side)

300
1-57
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Hugh E. Williams*

Licensed Embalmer No. *3537*

P. O. Address *California*

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.