S. No. 300
v. 10.48

FILED JAN 27 1949

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

State File No. 61

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 10

**1. PLACE OF DEATH**
a. COUNTY Audrain
b. CITY OR TOWN Mexico (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place) 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Audrain
c. CITY OR TOWN Mexico (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location) 929 S. Jefferson St.

**3. NAME OF DECEASED** (Type or Print)
a. (First) Birch
b. (Middle) Francis
c. (Last) Rhodus

**4. DATE OF DEATH** (Month) (Day) (Year) Jan. 13, 1949

**5. SEX** Male
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married
**8. DATE OF BIRTH** June 15, 1867
**9. AGE** (In years last birthday) 81 — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) President
**10b. KIND OF BUSINESS OR INDUSTRY** Bank Supply Co.
**11. BIRTHPLACE** (State or foreign country) St. Louis, Mo.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Thomas Rhodus
**13b. MOTHER'S MAIDEN NAME** Mary Frances Thomas
**14. NAME OF HUSBAND OR WIFE** Esther Rhodus

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** [illegible] ADDRESS Mexico, Mo.

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Cardio Vascular Renal disease — INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* Uremic Coma

**19a. DATE OF OPERATION** No
**19b. MAJOR FINDINGS OF OPERATION** No
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) No
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) No
**21c.** (CITY, TOWN, OR TOWNSHIP) Mexico (COUNTY) Audrain (STATE) Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) No m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** None

22. *I hereby certify that I attended the deceased from* 1/6, 1949, *to* 1/13, 1949, *that I last saw the deceased alive on* 1/13, 1949, *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** O. L. Green (Degree or title) MD
**23b. ADDRESS** Mexico Mo
**23c. DATE SIGNED** 1/15/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** Jan. 16, 49
**24c. NAME OF CEMETERY OR CREMATORY** Elmwood
**24d. LOCATION** (City, town, or county) Mexico, Mo. (State)

**DATE REC'D BY LOCAL REG.** Jan 16-1949
**REGISTRAR'S SIGNATURE** Blanche Neely
**25. FUNERAL DIRECTOR'S SIGNATURE** Earl E. Pugh ADDRESS Mexico, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 5 1949

RECEIVED
District Health Officer No. 10
District File Number 1-49-161
Date Filed JAN 25 1949

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 Ralph L. Hueston Jr., Student Embalmer No. 234, working under my personal supervision.

Student Ralph L. Hueston Jr.
Student Embalmer

Signed Earl E. Pruld

Licensed Embalmer No. 3189

P. O. Address Mexico 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.