

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4018**

FILED MAR 3 1949

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112 Registrar's No. 16

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

1. PLACE OF DEATH a. COUNTY <u>Bullinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bullinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Allen - Lawrence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Allen - Rural</u>	
c. LENGTH OF STAY (in this place) <u>4 mos</u>		d. STREET ADDRESS (If rural, give location) <u>Lawrence - near New Allen</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New Allen</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mollie</u> b. (Middle) <u>A.</u> c. (Last) <u>Rhodes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb - 19, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan 25, 1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Unknown - Butts</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>William Lee Rhodes</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kijonkey Rhodes</u> ADDRESS <u>New Allen</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Cerebral hemorrhage</u>		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertension</u>		DUE TO (b) <u>231</u>	
	DUE TO (c) <u>Chronic Bronchitis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 2/19, 1949, to 2/19, 1949, that I last saw the deceased alive on 2/19, 1949, and that death occurred at 7: A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. J. Dumper M.D.</u>	23b. ADDRESS <u>Lutesville, Mo.</u>	23c. DATE SIGNED <u>2/22/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 21 - 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Trace Buff Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bullinger County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 22, 1949</u>	REGISTRAR'S SIGNATURE <u>Mollie Bow Ambergho</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelby Lutesville</u> ADDRESS <u>Mo.</u>
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RECEIVED

Officer No. 4

349-3

3-1-49

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
Student Embalmer

Signed L. Hazard P. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.