

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8141

State File No. ....

BIRTH NO. .... REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5468 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Strafford-Taylor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Strafford-Taylor</u>	
c. LENGTH OF STAY (in this place) <u>4 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Highway 66</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Strafford</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha "Dolly"</u> b. (Middle) <u>Ann</u> c. (Last) <u>Rhea</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 9 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan-27-1868</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 4 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS, OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Al Stockstall</u>	13b. MOTHER'S MAIDEN NAME <u>Ingabo May</u>	14. NAME OF HUSBAND OR WIFE <u>Louis M. Rhea</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roy Fry</u> ADDRESS <u>Strafford, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia Right Side Body</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Astero sclerosis</u> DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		352X ✓	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Feb. 7, 1949, to Mar. 9<sup>th</sup>, 1949, that I last saw the deceased alive on Mar. 7, 1949, and that death occurred at 9:12 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Wade, M.D.</u> (Degree or title)	23b. ADDRESS <u>Osark Mo.</u>	23c. DATE SIGNED <u>3-10-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-11-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ponce de Leon</u>	24d. LOCATION (City, town, or county) (State) <u>Ponce de Leon, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3/12/49</u>	REGISTRAR'S SIGNATURE <u>W. J. Handley, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u> ADDRESS <u>Clever, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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.

Signed \_\_\_\_\_

*John Dean Davis*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Cleves, 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.