

FILED MAR 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9372

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>		c. LENGTH OF STAY (in this place) <b>10 mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bolckow</b>		d. STREET ADDRESS (If rural, give location) <b>none</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burr Nursing Home</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>3-7-49</b>			
3. NAME OF DECEASED (Type or Print) <b>PERMELIA</b>		a. (First)		b. (Middle) <b>ANN</b>		c. (Last) <b>RHODES</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>7/24/67</b>	
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Milliner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (State or foreign country) <b>9</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Allen Rhodes</b>		13b. MOTHER'S MAIDEN NAME <b>Casander Popplewell</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>W. L. Rhodes, Maryville, Missouri</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>general arterio-sclerosis</b> DUE TO (c) <b>chronic myocarditis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>several mo</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>351x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>1948</b> to <b>Mar. 7, 1949</b> , that I last saw the deceased alive on <b>3-3</b> , 19 <b>49</b> , and that death occurred at <b>12 noon</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W.R. Jackson, M.D.</b>				23b. ADDRESS <b>Maryville, Missouri</b>		23c. DATE SIGNED <b>3/8/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>3/9/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn</b>		24d. LOCATION (City, town, or county) (State) <b>Ravenwood; Missouri</b>	
DATE REC'D BY LOCAL REG. <b>3-12-49</b>		REGISTRAR'S SIGNATURE <b>Bess Holt</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John W. Price</b>		ADDRESS <b>Maryville, Mo.</b>	

(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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*John W. Price*

Licensed Embalmer No. 4281

P. O. Address Maryville 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.