No. 300
10.48

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

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28986

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Scotland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Memphis
c. LENGTH OF STAY (In this place): Entire life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Scotland Co
b. COUNTY: Mo
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Memphis
d. STREET ADDRESS (If rural, give location): N. Jordan St.

3. NAME OF DECEASED (Type or Print)
a. (First): W.
b. (Middle): M.
c. (Last): Rhodes

4. DATE OF DEATH (Month) (Day) (Year): Aug 10-49

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Apr 17-1884
9. AGE (In years last birthday): 65
If under 1 year: Months: 3 Days: 24
If under 24 hrs.: Hours: Min.:

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

13a. FATHER'S NAME: John Rhodes
13b. MOTHER'S MAIDEN NAME: Etta Lowe
14. NAME OF HUSBAND OR WIFE: Amy Rhodes Memphis

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.: no
17. INFORMANT'S SIGNATURE OR NAME: Amy Rhodes
ADDRESS: Memphis

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) Heart — (Mitral Insufficiency) 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic fever — 10 yr ago.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 410X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 1st, 1949, *to* Aug 10, 1949, *that I last saw the deceased alive on* Aug 10, 1949, *and that death occurred at* 11:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr E. E. Symmonds D.O.
23b. ADDRESS: Memphis, Mo.
23c. DATE SIGNED: Aug 15-'49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 14-49
24c. NAME OF CEMETERY OR CREMATORY: Memphis
24d. LOCATION (City, town, or county) (State): Memphis Mo

DATE REC'D BY LOCAL REG.: 8/15/49
REGISTRAR'S SIGNATURE: O M Baker
25. FUNERAL DIRECTOR'S SIGNATURE: Heath & Barkett
ADDRESS: Memphis

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 6 1949
District Health Officer No.
District File Number 9-49-15
Date Filed SEP 6 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 ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Fred Groth

Licensed Embalmer No. 4256

P. O. Address Memphis

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.