

FILED FEB 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 674

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5383 Registrar's No. 5

0330  
1

1. PLACE OF DEATH a. COUNTY Dent			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Gladden Twp		c. LENGTH OF STAY (in this place) 30 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Gladden Twp		0330 Q
d. FULL NAME OF HOSPITAL OR INSTITUTION None			d. STREET ADDRESS (If rural, give location) Near Gladden, Missouri		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) James	b. (Middle) Hardy	c. (Last) Rhodes	1/27/50		

5. SEX M. 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 6, 1858	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Wayne Co., Ill. 1		12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME J.H. Rhodes		13b. MOTHER'S MAIDEN NAME Mary Wells		14. NAME OF HUSBAND OR WIFE --	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS W.O. Rhodes, Gladden, Mo			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Senility  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
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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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 9-27 1950, to 1-28 1950, that I last saw the deceased alive on 1-27 1950, and that death occurred at 12:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Joseph R. Bennett</i>		23b. ADDRESS Salem, Mo.	23c. DATE SIGNED 1-28-50
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 1/30/50	24c. NAME OF CEMETERY OR CREMATORY Oak Forrest Cem	24d. LOCATION (City, town, or county) (State) Red Bird, Missouri
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DATE REC'D BY LOCAL REG. 2-1-50	REGISTRAR'S SIGNATURE <i>Joseph R. Bennett</i>	83	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. K. Spencer</i> Salem, Mo.
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M. M. Hart, M.D.

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

RECEIVED

2/7/50

District Health Officer No. 4

District File Number 25087

Date Filed 2/9/50

AUG 4 7 9 AM

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 *Wm. W. McDonald*

Licensed Embalmer No. *3806*

P. O. Address *Salem, 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.