

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31221

740

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5832 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Ravenwood - rural		c. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Ravenwood - rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles northwest		d. STREET ADDRESS (If rural, give location) 4 miles northwest	
3. NAME OF DECEASED a. (First) DELBERT b. (Middle) CECIL c. (Last) RHODES			4. DATE OF DEATH (Month) (Day) (Year) 9 7 50
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/26/86
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Council Bluffs, Iowa
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own account	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James W. Rhodes		13b. MOTHER'S MAIDEN NAME Hattie Bell	14. NAME OF HUSBAND OR WIFE Alma Loomis Rhodes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. D. C. Rhodes, Ravenwood, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hadgkins Liver</i> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)	
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 <i>May 28, 1950</i> to <i>Sept. 7, 1950</i> , that I last saw the deceased alive on <i>Aug 3, 1950</i> , and that death occurred at <i>7:05A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>W.R. Cairns</i> (Degree or title) M. D.O.		23b. ADDRESS Maryville, Missouri	
23c. DATE SIGNED 9/9/50		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 9/9/50		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24d. LOCATION (City, town, or county) (State) Ravenwood, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <i>Price</i> ADDRESS Price Funeral Home, Maryville, Mo.	
DATE REC'D BY LOCAL REG. 9-23-50		REGISTRAR'S SIGNATURE <i>Bess Holt</i>	

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



1930 JUN 25
S.F.S.
1930 JUN 25

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 Robert L. Suter

Licensed Embalmer No. 4787

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.