

No. 300  
10.48

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33118

BIRTH NO. 33607-50 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>Hamilton JUNKLIN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u> <u>0352</u>		
c. LENGTH OF STAY (in this place) <u>Life</u>			d. STREET ADDRESS (If rural, give location) <u>217 Maple Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pressnell Hospital</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Patricia</u> b. (Middle) <u>June</u> c. (Last) <u>Rhodes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5, 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 7, 1950</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>28</u> Days	IF UNDER 4 HRS. Hours <u></u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kennett, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	

13a. FATHER'S NAME <u>Douglas Rhodes</u>	13b. MOTHER'S MAIDEN NAME <u>Frankie Lee Greer</u>	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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Douglas Rhodes</u> ADDRESS <u>Kennett, 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 <u>2 days</u>  <u>0570</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-spinal meningitis</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 oct 4, 1950, to oct 5, 1950, that I last saw the deceased alive on oct 5, 1950, and that death occurred at 6:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chester R. Beck M.D.</u> (Degree or title)	23b. ADDRESS <u>115 St. Francis, Kennett, Mo.</u>	23c. DATE SIGNED <u>Oct 10, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 7, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lorimier Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-11-1950</u>	REGISTRAR'S SIGNATURE <u>Carl H. ...</u>	40	25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard L. ...</u> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 10-12-50

COUNTY FILE NUMBER 1050-282

**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 \_\_\_\_\_

*J. B. Salomon*

Licensed Embalmer No. 2556

P. O. Address \_\_\_\_\_

**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.**