

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33183

BIRTH NO. REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4199 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mc Hall</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mc Hall</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0300</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Walter</u> c. (Last) <u>Rhodes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>13</u> <u>'50</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 6, 1855</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
13a. FATHER'S NAME <u>William Rhodes</u>			13b. MOTHER'S MAIDEN NAME <u>Emily Ball</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Johnson</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. J. W. Rhodes</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complete head block</u>		DUE TO (b) <u>general arterio sclerosis</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>4500</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?

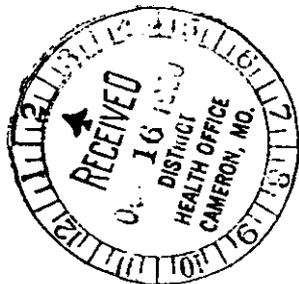
22. I hereby certify that I attended the deceased from 9-2, 1950, to 9-3, 1950, that I last saw the deceased alive on 9-3, 1950, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Pattonburg Mo</u>	23c. DATE SIGNED <u>9-14-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept. 16, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mc Hall Cem.</u>
		24d. LOCATION (City, town, or county) (State) <u>Mc Hall Mo</u>

DATE REC'D BY LOCAL REG. <u>Oct 12 - 1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 430	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u> <u>Albany Mo</u>
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(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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Clifford Brock

Licensed Embalmer No. 7329

P. O. Address

Albany 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.