

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 37214
4680

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u> TOWN			c. LENGTH OF STAY (In this place) <u>25 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u> TOWN			d. STREET ADDRESS (If rural, give location) <u>10 East 68th Terrace</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>10 East 68th Terrace</u>				d. STREET ADDRESS (If rural, give location) <u>10 East 68th Terrace</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Robert</u>	b. (Middle) <u>McCune</u>	c. (Last) <u>Rhodes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3rd 1950</u>		3800
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 29, 1873</u>		9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MIN. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Burlington R. R.</u>		11. BIRTHPLACE (State or foreign country) <u>Martinsburg, West Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Samuel Rhodes</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret McCune</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Dora Rhodes</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>707-07-6897</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dora Rhodes 10 East 68th Terrace</u>			
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) <u>Arteriosclerosis heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aged myocardial infarction</u> DUE TO (c) <u>Coronary arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>Years?</u> <u>2 1/2 yrs.</u> <u>Years?</u> <u>42⁵⁰</u>
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 <u>Aug</u> , 19 <u>48</u> , to <u>Nov. 3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov. 3</u> , 19 <u>50</u> , and that death occurred at <u>1:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph E. Welker</u> (Degree or title) <u>Joseph E. Welker MD</u>				23b. ADDRESS <u>836 Prof Bldg., Kansas City 6 Mo</u>		23c. DATE SIGNED <u>11/4/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-6-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Freeman Mortuary</u>		ADDRESS <u>104 West 42nd St.</u>	

W. H. Hester
Secretary

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Willis H. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. *4438*

P. O. Address *K. C. 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.