

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15317

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>75<sup>2</sup></u>		PRIMARY REG. DIST. NO. <u>1187</u>		Registrar's No. <u>15317-30</u>		
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cedar Creek</u>			c. LENGTH OF STAY (In this place) <u>years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Cedar Creek</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>rural Cedar Creek</u>				d. STREET ADDRESS (If rural, give location) <u>Cedar Creek</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rhoda</u>			b. (Middle) <u>Jane</u>		c. (Last) <u>Alley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April, 9, 1951</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Dec. 2, 1865</u>		9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR <u>4</u> Months <u>7</u> Days	IF UNDER 2 HRS. <u></u> Hours <u></u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Madison Co. Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William King</u>			13b. MOTHER'S MAIDEN NAME <u>Lucinda King</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.R. Souighart, Cedar Creek, Mo.</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				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>subcutaneous hemorrhage</u>				DUE TO (b) <u>hypertension (maligant)</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>arteriosclerosis</u>				
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 <u>331x</u>				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) m.		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>4/5</u> , 19 <u>51</u> , to <u>April 9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/5</u> , 19 <u>51</u> , and that death occurred at <u>1 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Asseyle, Mo.</u>		23c. DATE SIGNED <u>4/11/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4/11/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McCarthy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar Creek, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-15-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Asseyle, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED APR 23 1951

Dist. File 451-880

Date Filed 4-24-51

---

---

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..... Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Garage, 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.