

FILED JAN 31 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 592

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5252 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>CHARITON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> COUNTY <b>CHARITON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BRUNSWICK RURAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BRUNSWICK MO.</b>	
c. LENGTH OF STAY (in this place) <b>8 years</b>		Mo. <b>0210</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME RURAL</b>		d. STREET ADDRESS (If rural, give location) <b>4 mi S.E. of Brunswick Mo</b>	

3. NAME OF DECEASED (Type or Print) <b>MINNIE</b>	a. (First) <b>JANE</b>	b. (Middle) <b>RHODES</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>1-24-1952</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>9-9-1885</b>	9. AGE (in years last birthday) <b>65</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWORK</b>	11. BIRTHPLACE (State or foreign country) <b>LOUISVILLE KENTUCKY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>ISAAC MASTERS</b>	13b. MOTHER'S MAIDEN NAME <b>MARY ELIZABETH EVANS</b>	14. NAME OF HUSBAND OR WIFE <b>OSCAR RHODES</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>OSCAR RHODES</b> ADDRESS <b>BRUNSWICK MO</b>

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) <b>Chronic Myocarditis</b>	DUPLICATE		<b>10 yrs.</b>
ANTECEDENT CAUSES	DUE TO (b) <b>Hypertension</b>		<b>10 yrs.</b>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <b>Chronic Nephritis</b>		<b>5yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS	<b>atrial fibrillation</b>		<b>Terminal</b>
Conditions contributing to the death but not related to the disease or condition causing death.	19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION	<b>592X</b>		

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 Dec. 10, 1950, to Jan. 24, 1952, that I last saw the deceased alive on Jan. 24, 1952, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Mildred</b>	23b. ADDRESS <b>D.O. Brunswick, Missouri</b>	23c. DATE SIGNED <b>1/25/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-26-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Brinswick Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>BRUNSWICK MISSOURI</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. W. ...</b> ADDRESS <b>Brunswick</b>	
DATE REC'D BY LOCAL REG. <b>1-25-52</b>	REGISTRAR'S SIGNATURE <b>Mildred</b>	

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

me

**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 L. M. Keisel

Licensed Embalmer No. 823

P. O. Address Brimmwood 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.