

S. No. 300  
v. 10

41397

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

DEC 1 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 688 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WRIGHT</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MTN GROVE TWP</u>		c. LENGTH OF STAY (In this place) <u>3 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MTN GROVE TWP</u>		<u>1140</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles south of mtn grove</u>			d. STREET ADDRESS (If rural, give location) <u>2 miles south of Mtn Grove, Mo</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>TERRY</u> c. (Last) <u>RHYMES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 5th 1952</u>		
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>JUNE 5, 1868</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 12 HRS. Hours Min. <u>84</u> <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Know County, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>GARRETT RHYMES</u>		13b. MOTHER'S MAIDEN NAME <u>ANN YORK</u>		14. NAME OF HUSBAND OR WIFE <u>ROSE RHYMES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ICE DAVIS MTN GROVE, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medical Certification</u> <u>Haemorrhagic Cerebral</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10-29-52</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, Hypertension!</u>			
		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 <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 10-29, 1952, to 11-5, 1952, that I last saw the deceased alive on 11-4, 1952, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Mountain View</u>		23c. DATE SIGNED <u>11-19-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV 8th 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HILLCREST</u>		24d. LOCATION (City, town, or county) (State) <u>MTN GROVE, MO</u>	

DATE REC'D BY LOCAL REG. <u>11-22-52</u>	REGISTRAR'S SIGNATURE <u>A.G. Ames</u>		348-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barber Funeral Home, Mt. Grove, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—140

II HI CO. HEALTH DEPT.  
County File Number 1152-132  
Date Filed 11-29-52

**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 R W Barber

Licensed Embalmer No. 3848

P. O. Address 7th Green

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.