S. No. 300
. 10.48

FILED JAN 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 2

070
1

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

1. PLACE OF DEATH
a. COUNTY: BATES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICH HILL
c. LENGTH OF STAY (In this place): 3 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 411 E. OAK ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BATES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICH HILL. 0070
d. STREET ADDRESS (If rural, give location): 411 OAK ST.

3. NAME OF DECEASED (Type or Print)
a. (First): HARVEY
b. (Middle): ALLISON
c. (Last): RHODES.

4. DATE OF DEATH (Month) (Day) (Year): JAN-21-1953.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED.
8. DATE OF BIRTH: OCT-3-1874
9. AGE (In years last birthday): 78 — If under 1 year: Months 3, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: GEN FARMING.
11. BIRTHPLACE (City and State or Foreign Country): GALESBURG KANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: NELSON RHODES
13b. MOTHER'S MAIDEN NAME: NANCY PRINGE.
14. NAME OF HUSBAND OR WIFE: MARY ALICE RHODES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Margaret Ralston — 1883 Arlington Independence Mo
ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible] — ?

DUE TO (c) [illegible] — 3 days

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: 481X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 14, 1953, *to* Jan 21, 1953, *that I last saw the deceased alive on* Jan 21, 1953, *and that death occurred at* 8:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Mo
23b. ADDRESS: [illegible] Mo
23c. DATE SIGNED: Jan 21 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN-23-1953
24c. NAME OF CEMETERY OR CREMATORY: GREEN LAWN CEMETERY
24d. LOCATION (City, town, or county) (State): RICH HILL MISSOURI

DATE REC'D BY LOCAL REG.: Jan. 24. 1953.
REGISTRAR'S SIGNATURE: Mrs Edna Douglas. 21-P
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 Robert D. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.