

51
4

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

FILED OCT 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36398

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 3036		Registrar's No. 101		
1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora, MO.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora, MO.</u>		0551 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TETTERHORST REST HOME</u>				d. STREET ADDRESS (If rural, give location) <u>1019 Madison</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rhoda</u> b. (Middle) <u>J.</u> c. (Last) <u>Marbut</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-4-1953</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB. 22-1868</u>		9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ 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>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Barry County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Hinton</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth OWENS</u>		14. NAME OF HUSBAND OR WIFE <u>William Hunt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>NONE</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Martha Lanier, Aurora, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch-myo Carditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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>July 1953</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		4222		
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>0</u> , 19 <u>53</u> , to <u>0</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>0</u> , 19 <u>53</u> , and that death occurred at <u>8:00</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>R. L. Lanier</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Aurora, Mo.</u>		23c. DATE SIGNED <u>10-10-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/6/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BEAUM CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-14-53</u>		REGISTRAR'S SIGNATURE <u>Osa McNatt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blair L. Marsh, Aurora, Mo.</u>				

(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

Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert L. Marsh

Licensed Embalmer No. *3812*

P. O. Address *Amos, Md.*

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.