

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **43603**

No. 300
10.48

FILED DEC 18 1953

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5742** Registrar's No. **138**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Valley township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Valley township 0610	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 2 miles N. of New Cambria	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles N. of New Cambria			

3. NAME OF DECEASED (Type or Print)	a. (First) Rosetta	b. (Middle) Cook	c. (Last) Rhodes	4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1953
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 5, 1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 7 Days 25	IF UNDER 1 HR. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Macon County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Sam Cook	13b. MOTHER'S MAIDEN NAME Lydia Howard	14. NAME OF HUSBAND OR WIFE Lee Rhodes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Sam Rhodes, New Cambria, Mo.	ADDRESS Mo.
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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 Aug-23-53 to-11/30/53
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Colitis Infected gall bladder & liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none 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 _____	5723	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **Aug-23, 1953**, to **Nov-29, 1953**, that I last saw the deceased alive on **Nov-30, 1953**, and that death occurred at **9 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Rosetta M. Cook (Degree or title) _____	23b. ADDRESS New Cambria, Mo.	23c. DATE SIGNED Dec-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-2-53	24c. NAME OF CEMETERY OR CREMATORY New Cambria	24d. LOCATION (City, town, or county) (State) New Cambria, Mo.
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DATE REC'D BY LOCAL REG. 12/5/53	REGISTRAR'S SIGNATURE Ruth McNeely	25. FUNERAL DIRECTOR'S SIGNATURE R. G. Gilliland ADDRESS New Cambria, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

2610
1

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RECEIVED 12.8.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 12.53.190
Date Filed 12.10.53

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 *H. J. Gilliland*

Licensed Embalmer No. 4012

P. O. Address *New Lumbria, 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.