

FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR PETERSON 987
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY OR TOWN SPRINGFIELD	c. LENGTH OF STAY (In this place) 3 YRS.	c. CITY OR TOWN SPRINGFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: HARRISON REST HOME		e. STREET ADDRESS (If rural, give location) 519 CHERRY	

3. NAME OF DECEASED (Type or Print) a. (First) MILES	b. (Middle) LYDIA	c. (Last) RHODES	4. DATE OF DEATH JAN, 11, 1954			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC, 12, 1873	9. AGE (In years last birthday) 80	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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) TUSSEYVILLE, PENN.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME RUBEN SHIRK	13b. MOTHER'S MAIDEN NAME SARAH ARMAGAST	14. NAME OF HUSBAND OR WIFE J. B. RHODES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JACK RHODES ADDRESS SPRINGFIELD, MO

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (left)		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) Arteriosclerotic Vascular Disease		
	DUE TO (c) Hypertensive Cardiovascular Disease		
	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	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) 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 16 Jan, 1954, to 11 Jan, 1954, that I last saw the deceased alive on 10 Jan, 1954, and that death occurred at 5:25A m., from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) Stanley A. Peterson M.D.	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 12 Jan 54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1/13/54	24c. NAME OF CEMETERY OR CREMATORY SEYMOUR CEMETERY
		24d. LOCATION (City, town, or county) (State) SEYMOUR, MISSOURI

DATE REC'D BY LOCAL REG. 1-12-54	REGISTRAR'S SIGNATURE Evelyn Williamson	25. FUNERAL DIRECTOR'S SIGNATURE HERMAN H. LOHMEYER ADDRESS SPRINGFIELD, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Paul L. Linnley*.....

Licensed Embalmer No..... 4711

P. O. Address *Sp. J. L.*.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.