

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1636

FILED FEB 1 1954

State File No. 27
Registrar's No. 27

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence			c. LENGTH OF STAY (in this place) 37 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence			d. STREET ADDRESS (If rural, give location) 10811 Westport Rd.
d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium				d. STREET ADDRESS (If rural, give location) 10811 Westport Rd.			
3. NAME OF DECEASED (Type or Print) a. (First) Jesse		b. (Middle) Martin		c. (Last) Rhule		4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, or married		8. DATE OF BIRTH Sept. 25, 1894		9. AGE (In years last birthday) 59	10. MONTHS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY K. C. Board of Education		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Ills.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown Rhule		13b. MOTHER'S MAIDEN NAME Elizabeth Burns		14. NAME OF HUSBAND OR WIFE Louise Rhule			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none 489 24 0631		17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise Rhule, Independence, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sclerosis of coronary vessels - 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 1 1/2 hours	
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)		4201	
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 1-21-54, 19, to 1-21-54, 19, that I last saw the deceased alive on 1-21-54, 19, and that death occurred at 10:30A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. J. Gars MD				23b. ADDRESS Independence Mo		23c. DATE SIGNED 1-22-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/23/54	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Independence, Mo.		
DATE RECD BY LOCAL REG. 1-22-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Bob Garsen		ADDRESS Independence, Mo.	

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

Student Embalmer

Signed

Emil W. Halbrook

Licensed Embalmer No. 4901

P. O. Address July 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.