.S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4387

State File No. .....

BIRTH NO. FILED MAR 2 1954 REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5314 Registrar's No. 3

0270

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

1. PLACE OF DEATH
a. COUNTY: COOPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (RURAL) PRAIRIE HOME
c. LENGTH OF STAY (in this place): 2 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PRAIRIE HOME MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: COOPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (RURAL) PRAIRIE HOME 0270
d. STREET ADDRESS (If rural, give location): PRAIRIE HOME MO.

3. NAME OF DECEASED (Type or Print)
a. (First): GUST
b. (Middle): HERMAN
c. (Last): RHODE

4. DATE OF DEATH (Month) (Day) (Year): FEB. 27 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: APRIL 18 1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 10, Days 8 — IF UNDER 1 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: OWN FARM
11. BIRTHPLACE (City and State or Foreign Country): NEBRASKA
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: CARL RHODE
13b. MOTHER'S MAIDEN NAME: LOUISE LIEDKE
14. NAME OF ~~HUSBAND~~ OR WIFE: MARY RHODE (DEAD)

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: Herman H Rhode — ADDRESS: Prairie Home 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 334 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Allen Lawrence, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M L Deckraeger M D Coroner
23b. ADDRESS: Bonnville Mo
23c. DATE SIGNED: 2/27/54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY: Zion Cemetery
24d. LOCATION (City, town, or county) (State): Hampton Neb.

DATE REC'D BY LOCAL REG.: March 1-1954
REGISTRAR'S SIGNATURE: U.T. Meredith 4427
25. FUNERAL DIRECTOR'S SIGNATURE: C. Albert Hornbeck — ADDRESS: Prairie Home Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 31 1955

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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.