

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 4474

14606

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>325</u>		PRIMARY REG. DIST. NO. <u>6092</u>		Registrar's No. <u>14</u>		
1. PLACE OF DEATH a. COUNTY <u>SCHUYLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCHUYLER</u>				
b. CITY OR TOWN <u>QUEEN CITY</u>		c. LENGTH OF STAY (in this place) <u>86 YRS</u>		c. CITY OR TOWN <u>Queen City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>West Prairie Township</u> <u>0980</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERINE ELLEN</u> b. (Middle) _____ c. (Last) <u>RHODES</u>			4. DATE OF DEATH <u>April 11, 1954</u> (Day) (Year) <u>1954</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>		8. DATE OF BIRTH <u>April 17, 1867</u>		
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>						
13a. FATHER'S NAME <u>Samuel Sheddlett</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret V. Mason</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph L. Rhodes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Max Rhodes</u> ADDRESS <u>Queen City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular system</u> ANTECEDENT CAUSES <u>Bleeders (Atherosclerosis)</u> Morbidity 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 _____	
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) _____		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>April 9, 1954</u> to <u>April 11, 1954</u> , that I last saw the deceased alive on <u>April 11, 1954</u> and that death occurred at <u>12-20</u> on, from the causes and on the date stated above.								
23a. SIGNATURE <u>PV Hart</u> (Degree or title) _____				23b. ADDRESS <u>Coatsville Mo</u>		23c. DATE SIGNED <u>4-12-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 13, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jimtown Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Schuyler Co, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Apr. 12, 54</u>		REGISTRAR'S SIGNATURE <u>Mrs. A. J. Dreher</u> <u>353</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lucett R. Neal</u> ADDRESS <u>Lancaster Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *Everett R. Head*.....

Licensed Embalmer No. *4030*

P. O. Address *Hampton*.....

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.