

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16756

BIRTH NO.		REG. DIST. NO. 251	PRIMARY REG. DIST. NO. 3048	Registrar's No. 129
1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (If this place) 10 hrs.	c. CITY OR TOWN Maryville	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		e. STREET ADDRESS (If rural, give location) 509 West Second 07420		
3. NAME OF DECEASED (Type or Print) FRANK		a. (First)	b. (Middle)	c. (Last) RHODES
4. DATE OF DEATH 5 14 54		5. SEX Male		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4/5/89		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) Rainsboro, Ohio
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Brice Dunlap Rhodes		
13b. MOTHER'S MAIDEN NAME Eliza Jane Ward		14. NAME OF HUSBAND OR WIFE Neva McDermott Rhodes		
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.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Neva Rhodes, Maryville, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-V Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis 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 24 hrs 5 yrs
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) 331 X
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 May 13, 1954, to May 14, 1954, that I last saw the deceased alive on May 14, 1954, and that death occurred at 5:30P m., from the causes and on the date stated above.				
23a. SIGNATURE E. M. D.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 5/17/54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/16/54		24c. NAME OF CEMETERY OR CREMATORY Ohio
24d. LOCATION (City, town, or county) (State) Burlington Jct., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Price Funeral Home, Maryville, Mo.		
DATE REC'D BY LOCAL REG. 5-22-54		REGISTRAR'S SIGNATURE L. S. Holt, 229		

(Licensed Embalmer's Statement on Reverse Side)

OCT 27 1954
OCT 25 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John W. Price

Licensed Embalmer No.....
H.

P. O. Address.....
Mary

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.