

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26492**

FILED AUG 23 1954

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Cape County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon</u>	
c. LENGTH OF STAY (to this place) <u>7 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0720</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>S.E. Missouri Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Betty</u>	b. (Middle) <u>Jean</u>	c. (Last) <u>Rhoades</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>7 21 1954</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>10-3-1937</u>	9. AGE (In years last birthday) <u>16</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School girl</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Gideon, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Ted Rhoades</u>	13b. MOTHER'S MAIDEN NAME <u>Irene Sittner</u>	14. NAME OF HUSBAND OR WIFE <u>single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ted Rhoades</u>	ADDRESS <u>Gideon, Missouri</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> " "
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Brain injury</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Subdural Hematoma</u>		
	DUE TO (c) <u>Depressed Skull fracture</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19. DATE OF OPERATION <u>July 21, 1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>As above</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. OCCIDENT SOURCE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Cape Girardeau - Cape Gir Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 21, 1954 11:00 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto accident</u>
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22. I hereby certify that I attended the deceased from July 21, 1954, to July 21, 1954, and that death occurred at 6:19 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.D. O'Shea M.D.</u>	23b. ADDRESS <u>Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>1 Aug 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7-23-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Malden</u>	24d. LOCATION (City, town, or county) (State) <u>Malden, Missouri</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 23 1954</u>	REGISTRAR'S SIGNATURE <u>Edythe G. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond [Signature]</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 23 1954

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 _____

Delia Rex Cate

Student Embalmer No. *519*

working under my personal supervision.

Student

Delia Rex Cate
Student Embalmer

Signed

Leroy J. Tyler

Licensed Embalmer No. *4941 mo*

P. O. Address *Piggott Ark*

- 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.