No. 300
10-48

FILED AUG 30 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

29678

State File No.

BIRTH NO. 98 REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 45

141

**1. PLACE OF DEATH**
a. COUNTY: Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn. Grove, Mo.
c. LENGTH OF STAY (In this place): 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 513 South Main St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Wright
c. CITY OR TOWN: Mtn. Grove,
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 513 South Main St.

1141
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**3. NAME OF DECEASED** (Type or Print)
a. (First): Martha
b. (Middle): Ellen
c. (Last): Rhodes

**4. DATE OF DEATH** (Month) (Day) (Year): Aug. 17, 1954

**5. SEX**: Female 1

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1

**8. DATE OF BIRTH**: July 8, 1884

**9. AGE** (In years last birthday): 70 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**: Housekeeping

**11. BIRTHPLACE** (City and State or Foreign Country): State of Kentucky 1

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: William Bartley

**13b. MOTHER'S MAIDEN NAME**: Sarah (Unknown)

**14. NAME OF HUSBAND OR WIFE**: George Rhodes

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): XXX

**16. SOCIAL SECURITY NO.**: XXX

**17. INFORMANT'S SIGNATURE OR NAME**: Francis Mayfield, ADDRESS: Mtn. Grove, 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) Hypostatic Pneumonia

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Cirrhosis of Liver

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**

1561

**20. AUTOPSY?** YES [ ] NO [X]

**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* June, 1954, *to* Aug 17, 1954, *that I last saw the deceased alive on* Aug 17, 1954, *and that death occurred at* 6:00 p. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Richard E. Mitchell D.O.
**23b. ADDRESS**: Mtn. Grove, Mo.
**23c. DATE SIGNED**: 8-19-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 8/19/54
**24c. NAME OF CEMETERY OR CREMATORY**: Friendship Cemetery
**24d. LOCATION** (City, town, or county) (State): Dawson, Wright Co., Missouri

DATE REC'D BY LOCAL REG.: 8-21-54
REGISTRAR'S SIGNATURE: A.C. Amos 344-0

**25. FUNERAL DIRECTOR'S SIGNATURE**: Rev Boots
ADDRESS: Mtn. Grove, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 854-76
Date Filed AUG 28 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....38

P. O. Address.....

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