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

FILED DEC 23 1954

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

State File No. 40406

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 127

**1. PLACE OF DEATH**
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EXCELSIOR SPRINGS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): EXCELSIOR SPRINGS HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN: EXCELSIOR SPRINGS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 102 LINDEN

**3. NAME OF DECEASED** (Type or Print)
a. (First): LYLE
b. (Middle): JAMES
c. (Last): RHEA

**4. DATE OF DEATH** (Month) (Day) (Year): DEC. 8 1954

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED
**8. DATE OF BIRTH**: JUNE 30, 1883
**9. AGE** (In years last birthday): 71 — 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): CITY STREET DEPT.
**10b. KIND OF BUSINESS OR INDUSTRY**: CITY OF EX. SPRINGS
**11. BIRTHPLACE** (City and State or Foreign Country): MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: CHARLES RHEA
**13b. MOTHER'S MAIDEN NAME**: HARRIET MILLER
**14. NAME OF HUSBAND OR WIFE**: FLOSSIE MAY RHEA

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service): - -
**16. SOCIAL SECURITY NO.**: 491-01-8346
**17. INFORMANT'S SIGNATURE OR NAME**: MRS. A.A. CANTRELL
**ADDRESS**: 810 MESERVEY, EXCELSIOR SPRINGS, 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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — None
DUE TO (c):

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

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 332X
**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* 9-26, 1950, *to* 12-8, 1954, *that I last saw the deceased alive on* 9-12-54, 1954, *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Eugene B. Robbins (Degree or title): MD
**23b. ADDRESS**: Excelsior Springs, Mo.
**23c. DATE SIGNED**: 12/8/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 12-10-54
**24c. NAME OF CEMETERY OR CREMATORY**: CROWN HILL
**24d. LOCATION** (City, town, or county) (State): EXCELSIOR SPRINGS, Mo.

**DATE REC'D BY LOCAL REG.**: 12/11/54
**REGISTRAR'S SIGNATURE**: Caroline Fulkerson
**25. FUNERAL DIRECTOR'S SIGNATURE**: Jude Prichard
**ADDRESS**: Excelsior Springs Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 2

## 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 Lindell Jarman

Licensed Embalmer No. 458

P. O. Address Excelsior Springs,

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