

923

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

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b>		c. LENGTH OF STAY (in this place) <b>3 hrs.</b>	c. CITY OR TOWN <b>St. Charles</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St. Josephs Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>St. Josephs Hospital</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ellen</b>		b. (Middle) <b>Louise</b>	c. (Last) <b>Rhoades</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 14, 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Dec. 13, 1954</b>	9. AGE (In years last birthday) <b>---</b>	IF UNDER 1 YEAR Months <b>---</b> Days <b>---</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Charles, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Wm. Rhoades</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Lee Rummons</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Fred Rhoades Truesdale, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature Birth</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Premature Separation of Placenta</b>				<b>2 wks.</b>
	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				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) <b>7615</b>			
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 <b>12-13-54</b> to <b>12-14-54</b> that I last saw the deceased alive on <b>12-13, 1954</b> and that death occurred at <b>12:30a</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>R. W. Nieburg</b> (Degree or title) <b>MD</b>			23b. ADDRESS <b>87 Chaves MO</b>		23c. DATE SIGNED <b>December 14 1954</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-14-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Holy Rosary Church Cemetery, Truesdale, Mo.</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>Dec 14 1954</b>	REGISTRAR'S SIGNATURE <b>284-0</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>F. W. Nieburg &amp; Co., Warrenton, Mo.</b>			

STATEMENT BY LICENSED EMBALMER

NOT

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 *John J. Wieburg*.....  
Licensed Embalmer No. *38*

P. O. Address *Warrenton*

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.