

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15270

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLINTON</u>		c. CITY OR TOWN <u>DEEPWATER</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>0420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLINTON GENERAL HOSP</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEO</u> b. (Middle) <u>RHODES</u> c. (Last) <u>RHODES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 2, 1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 5, 1901</u>		9. AGE (In years last birthday) <u>53</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCKER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>CAMDEN Co. MO</u>	
13a. FATHER'S NAME <u>THOMAS E. RHODES</u>			13b. MOTHER'S MAIDEN NAME <u>MAONLDER NELLE E. RHODES</u>		14. NAME OF HUSBAND OR WIFE <u>U.S.A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>497-01-5217</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert E. Rhoades</u> ADDRESS <u>Clinton, MO</u>	

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, assthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA LUNG (METASTATIC)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 MO.</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>SEMINOMA TESTICLE</u>		<u>6 MO.</u>	
		DUE TO (c) <u>178X</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>JAN. 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>SEMINOMA TESTICLE</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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) (Minute) _____		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 DEC., 1954, to 2 June, 1955, that I last saw the deceased alive on 2 June, 1955, and that death occurred at 5 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh B. Walker, MD</u> (Degree or title)		23b. ADDRESS <u>Clinton, MO</u>		23c. DATE SIGNED <u>3 June 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>June 4, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laury City Cem</u>	
DATE REC'D BY LOCAL REG. <u>June 3-55</u>		REGISTRAR'S SIGNATURE <u>Florena Adair</u>		24d. LOCATION (City, town, or county) (State) <u>Laury City Mo.</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.A. Casavant</u>		ADDRESS <u>Clinton, Mo.</u>	

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

**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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *H. A. Tausant*.....

Licensed Embalmer No. *377*

P. O. Address *Clinton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.