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FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25628

State File No.

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 4133 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KEARNEY, MO</u>	c. LENGTH OF STAY (in this place) <u>2 YEARS</u>	c. CITY OR TOWN <u>KEARNEY</u>	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 <u>KEARNEY</u>		STREET ADDRESS (If rural, give location) <u>KEARNEY, MO 6000</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANN</u>	b. (Middle) <u>ELIZA</u>	c. (Last) <u>RHODUS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 22 1955</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC 8, 1870</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>KEARNEY, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOHN POLLOCK</u>	13b. MOTHER'S MAIDEN NAME <u>ARTELIA CRAVEN</u>	13. NAME OF HUSBAND OR WIFE <u>CHARLES RHODUS</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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS MARJORIE RIZZLE</u> ADDRESS <u>KEARNEY, MO</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u>		
	DUE TO (c) <u>Chronic Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 8-21, 1955, to 8-22, 1955, that I last saw the deceased alive on 8-22, 1955, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. F. Lambert, M.D.</u> (Degree or title)	23b. ADDRESS <u>Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>8-24-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG 25, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL</u>	24d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 27, 1955</u>	REGISTRAR'S SIGNATURE <u>Nabele R. R. R. 471-</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>RICHARD FUNERAL HOME, EX SPRINGS MO.</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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 *Ralph E. Van Landingham*

Licensed Embalmer No. *400*

Excelsior Springs, Mo
P. O. Address.....

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.