

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25862

State File No. ....

BIRTH NO. 49098-55 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 791

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits write RURAL and give town) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>1 hr</u>	c. CITY OR TOWN <u>Placid</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>00001</u>	

3. NAME OF DECEASED a. (First) <u>Dewey</u> b. (Middle) <u>Wendell</u> c. (Last) <u>RHODELANDER JR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5 1955</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>—</u>	8. DATE OF BIRTH <u>5 Sept 55</u>
9. AGE (In years last birthday) <u>—</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Buffalo Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Dewey Rhodelander</u>	13b. MOTHER'S MAIDEN NAME <u>Evelyn Morris</u>	14. NAME OF HUSBAND OR WIFE <u>Infant</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Dewey Rhodelander</u> ADDRESS <u>Placid</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Congenital</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Failure of Respiratory Center</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined Etiology</u> DUE TO (c) <u>—</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>7730</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 5 Sept 1955, to 5 Sept 1955, that I last saw the deceased alive on 5 Sept 1955, and that death occurred at 7:35 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>O. Griffin MD</u> (Degree or title)	23b. ADDRESS <u>Buffalo Mo</u>	23c. DATE SIGNED <u>6 Sept 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-7-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Placid</u>
24d. LOCATION (City, town, or county) (State) <u>Dallas Co Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L B Loney</u> ADDRESS <u>Buffalo Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-9-55</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</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 *William B. Carter*

Licensed Embalmer No. *476*

P. O. Address *Buffalo*

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.