

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39880

State File No.

FILED DEC 28 1955

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>POLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY OR TOWN <u>GLEN ALLEN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>5 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>ROYAL-CASTOR RIVER COMMUNITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast MO. Hosp</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joseph</u>	b. (Middle) <u>L</u>	c. (Last) <u>Rhodes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-14-55</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec-7-1883</u>	9. AGE (In years last birthday) <u>72</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>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>
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13a. FATHER'S NAME <u>Joseph Rhodes</u>	13b. MOTHER'S MAIDEN NAME <u>CYNTHIA MILLER</u>	14. NAME OF HUSBAND OR WIFE <u>HATTIE SHORSON RHODES</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Johnson Rhodes & Son Allen</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post-operative Convalescence</u> DUE TO (c) <u>from Benign Prostatic Hypertrophy</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus 610X</u>		

19a. DATE OF OPERATION <u>11-21-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Large obstructive prostate</u>	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 11-14, 1955, to 12-14, 1955, that I last saw the deceased alive on 12-14, 1955, and that death occurred at 12:29 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <u>L.R. Seabugh, M.D.</u>	23b. ADDRESS <u>219 N. Pacific Cape Girardeau, Mo</u>	23c. DATE SIGNED <u>12-20-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-16-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gravelton cem</u>	24d. LOCATION (City, town, or county) (State) <u>Gravelton Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-22-55</u>	REGISTRAR'S SIGNATURE <u>T. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Ward</u>	ADDRESS <u>Puttrick's</u>
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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.....

Licensed Embalmer No. 381

P. O. Address Cape Girardeau

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.