

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11312

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No. 2054

2054

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis, Missouri				c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		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 Missouri Baptist Hospital				STREET ADDRESS (If rural, give location) 5 5512 Maple Avenue., 205/5					
3. NAME OF DECEASED (Type or Print)		a. (First) Virginia		b. (Middle) Rhodes		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) February 24 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 26, 1922		9. AGE (In years last birthday) 33 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Walnut Ridge, Arkansas			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Kent			13b. MOTHER'S MAIDEN NAME Lena Gannon			14. NAME OF HUSBAND OR WIFE Willie Rhodes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willie Rhodes, 5512 Delmar Blvd.,				
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.		Metastatic MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma in cervical vertebrae (third)  ANTECEDENT CAUSES Carcinoma of the breast  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Recurrent Carcinoma involving chest wall. Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 10 month  8 years  8 months	
19a. DATE OF OPERATION 2/9/56 20229753		19b. MAJOR FINDINGS OF OPERATION 1. Carcinoma, right breast. 2. Carcinoma, left breast.						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) 170X		21d. (STATE)			
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 Jan. 19, 51 to Feb. 24, 1956, that I last saw the deceased alive on Feb. 23, 1956, and that death occurred at 11:45A m., from the causes and on the date stated above.									
23a. SIGNATURE Charles S. Sherwin M.D. (Degree or title)				23b. ADDRESS 3720 Washington Ave. (8)			23c. DATE SIGNED 2/25/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-25-56		24c. NAME OF CEMETERY OR CREMATORY Union Hill Cemetery		24d. LOCATION (City, town, or county) (State) West Plains, Missouri.			
DATE REC'D BY LOCAL REG. FEB 27 1956		REGISTRAR'S SIGNATURE Earl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.				

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Etoupe Renele*

Licensed Embalmer No. 42

P. O. Address *S. H. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.