

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1956

22943
STATE FILE NUMBER
380

Registration District No. 43 Primary Registration District No. 3007 Registrar's No.

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Poplar Bluff 0124	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 13 WHITEROW ST		d. STREET ADDRESS (If outside, give location) 13 WHITEROW ST	

3. NAME OF DECEASED (Type or print) James K. Polk, Rhodes			4. DATE OF DEATH July 4, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 17, 1876	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME A.J. Rhodes			14. MOTHER'S MAIDEN NAME Nancy Boles		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Amanda Rhodes Poplar Bluff Mo		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignancy of Gall Bladder and Adnexa		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) (unknown)		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Senility		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		STATE

21. I attended the deceased from Jan. 15, '54 to July 4, '56 and last saw him alive on 7-3-'56 Death occurred at 6 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Office or title) W. H. Riverton		22b. ADDRESS M.D. Poplar Bluff, Mo.	22c. DATE SIGNED 7-7-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 5, 1956	23c. NAME OF CEMETERY OR CREMATORY. Piggott Cem.	23d. LOCATION (City, town, or county). (State) Piggott Ark.
24. FUNERAL DIRECTOR Russell Mortuary Piggott Ark.		25. DATE RECD. BY LOCAL REG. 7/11/56	26. REGISTRAR'S SIGNATURE RH Muehreesman

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

9-0

RECEIVED
JUL 16 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leroy J Tyler.....

Licensed Embalmer No. 499

P. O. Address Piggott

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.