

FILED SEP 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26105**

| | | | | | | | | | |
|---|--|--|---|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 42 | | PRIMARY REG. DIST. NO. 1000 | | Registrar's No. 978 | | | |
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas | | | | b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | | c. LENGTH OF STAY (In this place) 1 month | | c. CITY OR TOWN Marysville | | | 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 St. Joseph's Hospital | | | | e. STREET ADDRESS (If rural, give location) 415 G | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Clint | | | b. (Middle) _____ | | c. (Last) Rhodes | | 4. DATE OF DEATH (Month) (Day) (Year) September 8, 1956 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH June 27, 1903 | | 9. AGE (In years last birthday) 53 F UNDER 1 YEAR Months Days F UNDER 2 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent Civic Fruit Express Co. | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) Shambaugh, Iowa. | | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME John E. Rhodes | | | 13b. MOTHER'S MAIDEN NAME Orpha E. Hamm | | | 14. NAME OF HUSBAND OR WIFE Charlene Rhodes | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. Yes | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Charlene Rhodes Marysville, Kansas. | | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Lieomyosarcoma, retroperitoneal | | | | | | INTERVAL BETWEEN ONSET AND DEATH 7 | |
| | | ANTECEDENT CAUSES Morbidity 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 Conditions contributing to the death but not related to the disease or condition causing death. None | | | | | | | |
| 19a. DATE OF OPERATION 8-21-56 | | 19b. MAJOR FINDINGS OF OPERATION Exploratory Laparotomy and Biopsy 158x | | | | | | 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) (Min.) | | 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 Aug 8, 1956 to Sept 8, 1956 , that I last saw the deceased alive on Sept 8, 1956 , and that death occurred at 10:15 P.M. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Dr. Larrison M.D. | | | | 23b. ADDRESS St. Joseph Mo | | 23c. DATE SIGNED Sept 8, 1956 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Sept. 8, 1956. | | 24c. NAME OF CEMETERY OR CREMATORY Kinsley Mortuary | | 24d. LOCATION (City, town, or county) (State) Marysville, Kansas. | | | |
| DATE REC'D BY LOCAL REG. Sept 10, 1956 | | REGISTRAR'S SIGNATURE Catharine M. Allison | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Meierhoffer - DeLeman St. Joseph, Mo | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

485

SEP 18 1958

SEP 17 1958

SEP 26 1958

NOV 19 1958

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 *Edward P. Harrington*

Licensed Embalmer No....3258....

P. O. Address ...St. Joseph, Mo

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.