S. No. 300
. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25346

State File No.

FILED JUL 30 1957

BIRTH NO. 184 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5751 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL ST. MICHAEL
c. LENGTH OF STAY (In this place): YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 MILES EAST OF FREDERICKTOWN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL: ST. MICHAEL
d. STREET ADDRESS (If rural, give location): 2 MILES EAST OF FREDERICKTOWN

062-9

3. NAME OF DECEASED (Type or Print)
a. (First): BENJAMIN
b. (Middle): LUTHER
c. (Last): RHODES

4. DATE OF DEATH (Month) (Day) (Year): JULY 17 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, ~~NEVER MARRIED~~, ~~WIDOWED, DIVORCED~~ (Specify): MARRIED
8. DATE OF BIRTH: DEC. 3 1879
9. AGE (In years last birthday): 77 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: BENTON D RHODES
13b. MOTHER'S MAIDEN NAME: ALMEDA YOUNG
14. NAME OF HUSBAND OR WIFE: KATHARINE RHODES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 496-40-0203
17. INFORMANT'S SIGNATURE OR NAME: MRS. GLAYD'S WHITE
ADDRESS: FREDERICKTOWN

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES

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

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 7, 1956, *to* April 9, 1957, *that I last saw the deceased alive on* June 5, 1957, *and that death occurred at* 6:50 am., *from the causes and on the date stated above.*

23a. SIGNATURE Charles E Mubach (Degree or title) MD
23b. ADDRESS 135 S. Mina La Motte, Fredericktown, Missouri
23c. DATE SIGNED July 18 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-19-57
24c. NAME OF CEMETERY OR CREMATORY: CALIVARY
24d. LOCATION (City, town, or county) (State): MADISON COUNTY MO.

DATE REC'D BY LOCAL REG.: 7-22-1957
REGISTRAR'S SIGNATURE: Lorene Buck
25. FUNERAL DIRECTOR'S SIGNATURE: R. V. Hanson
ADDRESS: Fredericktown

(Licensed Embalmer's Statement on Reverse Side)

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

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MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
JUL 29 1957
FILE No. 257-74

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.

Signed Raymond Wilson

Signed .....
Student Embalmer

Licensed Embalmer No. 4884

P. O. Address Fredericktown, M

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 this body is not embalmed, fact should be so stated above.