

Health,
& Welfare
S. Public
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v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Mervin J. Rumold
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

FILED DEC 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40571

STATE FILE NUMBER

5489

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 5489

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Roeland Park	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran	Length of stay in lb 10 da.	d. STREET ADDRESS 5239 Clark Drive	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARION Middle B. Last RHODES		4. DATE OF DEATH Month 11 Day 19 Year 57	
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-11-1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Managing Director		10b. KIND OF BUSINESS OR INDUSTRY K.C. Crime Com.	9. AGE (In years) 59 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>
11. BIRTHPLACE (City and state or country) Potosi, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Marion E. Rhodes		13b. MOTHER'S MAIDEN NAME Anne Davidson	
14. NAME OF HUSBAND OR WIFE Susann M. Rhodes		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) Yes W.W.#1	
16. SOCIAL SECURITY NO. 497-36-5764		17. INFORMANT Address Mrs. M.B. Rhodes, 5239 Clark Drive	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal obstruction			INTERVAL BETWEEN ONSET AND DEATH 5721
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bowel abscess DUE TO (c) Ruptured diverticulitis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT <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		COUNTY STATE
21. I attended the deceased from Nov 8, 1957 to Nov 19, 57 and last saw ^{him} alive on Nov. 19, 57 Death occurred at 9:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Mervin J. Rumold (Degree or title) M.D.		22b. ADDRESS Blaga Time Bldg. Kansas City	
22c. DATE SIGNED Nov 20, 57		22d. ADDRESS Blaga Time Bldg. Kansas City	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-21-57	23c. NAME OF CEMETERY OR CREMATORY Cedar Memorial Park	23d. LOCATION (City, town, or county) (State) Cedar Rapids, Iowa
24. FUNERAL DIRECTOR Wagner Funeral Home, K.C. Mo.		25. DATE RECD. BY LOCAL REG. 11-20-57	26. REGISTRAR'S SIGNATURE Mervin J. Rumold

NE 1-1929



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 *Thomas A. Kachler*

Licensed Embalmer No. *4995*
P. O. Address *K.C. 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.