

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038691

STATE FILE NUMBER

FILED NOV 12 1958

Registration District No. 374 Primary Registration District No. 4547 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Worth</u> County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grant City</u> <u>4547</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Grant City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>500 Lyons St.</u>		Length of stay in lb <u>40 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>500 Lyons St.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Rhoda</u> Middle <u>Atz</u> Last <u>Atz</u>			4. DATE OF DEATH Month <u>October</u> Day <u>15</u> Year <u>1958</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October-27-1869</u> <u>88</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	9. AGE (In years last birthday) Months <u>11</u> Days <u>18</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Hours <u>11</u> Min. <u>18</u>
11. BIRTHPLACE (City and state or country) <u>Washington-County-Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Edward William Whorlow</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ann Sanbers</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Mrs Glen Reed</u>		Address <u>Grant City Missouri</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>DEBILITY AND INANITION</u> DUE TO (b) <u>CEREBRAL HEMORRAGE</u> DUE TO (c) <u>ARTERIOSCLEROSIS (HYPERTENSIVE)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>331X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 DAYS</u> <u>21 DAYS</u> <u>YEARS</u>
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.) <u>331X</u>	
20c. TIME OF INJURY Hour <u>5:30</u> Month <u>PM</u> Day <u>PM</u> Year <u>PM</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
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 <u>GRANT CITY MO</u>		COUNTY STATE	
21. I attended the deceased from <u>MARCH 1954</u> to <u>OCT 13, 1958</u> and last saw her/him alive on <u>OCT 14, 1958</u> Death occurred at <u>5:30 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Richard J. Smith DO 2</u>		22b. ADDRESS <u>GRANT CITY MO</u>	
22c. DATE SIGNED <u>OCT 18, 1958</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Oct 18-1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Allendale Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Allendale Missouri</u>	
24. FUNERAL DIRECTOR <u>John Andrews Grant City Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 9-1958</u>	
ADDRESS <u>Grant City Mo</u>		26. REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Ceroner cannot certify to a death due to natural causes.

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 John Andrews....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Andrews.....
Licensed Embalmer No. 42

P. O. Address Grant.....

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.