

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047044
STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wayne	
b. CITY OR TOWN Piedmont	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Piedmont	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 118 Berch

3. NAME OF DECEASED (Type or print) Edgar Everett Rhodes			4. DATE OF DEATH Month Dec Day 12 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 26 1876	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 82	11. BIRTHPLACE (City and state or country) Petersburg, Ill.

13a. FATHER'S NAME Alexander A. Rhodes		13b. MOTHER'S MAIDEN NAME Sarah Ann Martin		14. NAME OF HUSBAND OR WIFE Adda Mae Proctor (Deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-20-0577		17. INFORMANT Mrs Adda Kimes Patterson 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) Cerebral hemorrhage			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (b) arteriosclerosis			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x			

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.) none	
20c. TIME OF INJURY Hour none a.m. none p.m. none		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE none	
21. I attended the deceased from 12 72 58 to 12-12-58 and last saw him alive on 12 12 58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Guy W. Cobb DO		22b. ADDRESS Piedmont Mo		22c. DATE SIGNED 12-15-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-16-58		23c. NAME OF CEMETERY OR CREMATORY Springerton	
24. FUNERAL DIRECTOR William Cobb		ADDRESS Piedmont		25. DATE RECD. BY LOCAL REG. 12-15-58	
				26. REGISTRAR'S SIGNATURE Sheila Louelau	

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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JAN 19 1959

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 Coder Funeral Home, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.