

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cape				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN White Water		Length of stay in 1b 86 yr		c. CITY OR TOWN White Water Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Herbert Middle Lee Last Rhodes				4. DATE OF DEATH Month Mar Day 22 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-17-1874	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months 2 Days 5	IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) White Water Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME William Rhodes			13b. MOTHER'S MAIDEN NAME Martha Jane Ransencroth		14. NAME OF HUSBAND OR WIFE Sophia Rhodes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs Sophia Rhodes, White Water 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) Coronary occlusion of a few advanced age hrs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.) none				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____								
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		COUNTY	STATE	
21. I attended the deceased from March 21st 1960 and last saw him alive on March 22nd 1960 Death occurred at 10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE W. W. Davault M.D. (Degree or title)				22b. ADDRESS Delta Mo		22c. DATE SIGNED March 26 1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-24-60	23c. NAME OF CEMETERY OR CREMATORY White Water		23d. LOCATION (City, town, or county) (State) White Water Mo. 1960			
24. FUNERAL DIRECTOR Brinkopf Howell, Cape Gir Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 3-26-60		26. REGISTRAR'S SIGNATURE Gene Kasten		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 19 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. H. Ester

Licensed Embalmer No. 3568
P. O. Address Page Hill

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.