RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1960

60-039440
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 420

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: St. Francios
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre, Mo.
Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bonne Terre Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Wash.
c. CITY OR TOWN: Potosi, Mo.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 205 Rosemary
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ollie Middle: E. Last: Rhodes
4. DATE OF DEATH: Month: Oct. Day: 27, Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-25-1886
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Washington County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Foster Jarvis
13b. MOTHER'S MAIDEN NAME: Adline Scott
14. NAME OF HUSBAND OR WIFE: Sam C. 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.: unknown
17. INFORMANT: Sam C. Rhodes Address: Potosi, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Infarction Myocardium
INTERVAL BETWEEN ONSET AND DEATH: 18-20 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterioscleratic coronary thrombosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Acute cholecystitis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-23-60, to 10-27-60 and last saw ~~him~~ her alive on 10-27-60
Death occurred at 9:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) MD
22b. ADDRESS: Bonne Terre, Missouri
22c. DATE SIGNED: 10-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-30-1960
23c. NAME OF CEMETERY OR CREMATORY: New Masonic
23d. LOCATION (City, town, or county) (State): Potosi Missouri

24. FUNERAL DIRECTOR: SPARKS ADDRESS: Potosi, Missouri
25. DATE RECD. BY LOCAL REG.: Oct. 29, 1960
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

NOV 9 1960

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 Donald L. Sparks

Licensed Embalmer No. 4819

P. O. Address Potosi, Missour

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.