

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2795-61-021435 STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED JUN 2 1 1961

DATE AMENDED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>9 Months</u>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3745 Central</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3745 Central</u>

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>SHERMAN</u> Last <u>RHODEN JR.</u>			4. DATE OF DEATH Month <u>6</u> Day <u>3</u> Year <u>61</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-15-25</u>	9. AGE (last birthday) <u>36</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRIVATE DETECTIVE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PINKERTONS DET. AGCY.</u>	11. BIRTHPLACE (City and state or country) <u>Detroit, Michigan</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>John Sherman Rhoden Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie May Butler</u>	14. NAME OF HUSBAND OR WIFE <u>Evelyn Rhoden</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	17. INFORMANT <u>Mr. & Mrs. Arthur Pugh</u>	Address <u>Higginsville, Missouri</u>
---	--	--

18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bullet Wound Head.</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

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 checked="" 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>Apparently self inflicted</u>
20c. TIME OF INJURY Hour <u>2:55</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year <u>6-3-61</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Apartment-Home</u>	20f. CITY, TOWN, OR LOCATION <u>Kansas City</u>	COUNTY <u>Jackson</u>	STATE <u>Missouri</u>
---	---	--	--------------------------	--------------------------

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 2:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Hugh H Owens</u>	(Degree or title) <u>M.D. Coroner</u>	22b. ADDRESS <u>152 Union Station - K.C., Mo.</u>	22c. DATE SIGNED <u>6-5-61</u>
---------------------------------------	--	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6-6-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Fayetteville, Arkansas</u>
---	----------------------------	--	--

24. FUNERAL DIRECTOR <u>WEILERT FUNERAL HOMES(S) K.C., MO.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>6-5-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>
---	---------	---	---

INSTEAD OF DOCUMENT

BY AFFIDAVIT OF ITEM NO. SHOULD READ

H. Owens MEDICAL CERTIFICATION

JUN 21 1961

JUL 6 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forrest D. Goldsnow

Licensed Embalmer No. 4714

P. O. Address R. C. W.

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.