

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028768

STATE FILE NUMBER

Registration District No. 86 Primary Registration District No. 5328 Registrar's No. 15-1961

FILED SEP 14 1961

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LIBERTY TOWNS</u>		c. CITY OR TOWN <u>FULTON</u>	
Length of stay in 1b <u>5 HRS</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>8 1/2 MI. N.E. STEELVILLE</u>		d. STREET ADDRESS (If outside, give location) <u>STATE HOSPITAL</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EDITH ELEANOR RHODES</u>			4. DATE OF DEATH Month Day Year <u>Aug 26 1961</u>
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-21-43</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>HAMPTON, IOWA</u>
13a. FATHER'S NAME <u>LOREN RHODES</u>		13b. MOTHER'S MAIDEN NAME <u>NAOMI BROWN</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service]		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>LOREN RHODES Hollister, Mo.</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>we do hereby find Edith Rhodes died of gun shot wounds inflicted by self. David Meyer &amp; Chagel - here with M. ...</u> DUE TO (b) <u>David Meyer &amp; Chagel - here with M. ...</u> DUE TO (c) <u>M. ...</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>GUN SHOT WOUNDS IN CHEST + HEAD</u>	
20c. TIME OF INJURY <u>9</u> Hour Month, Day, Year <u>8-26-61</u> p.m.			
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>CREEK BANK</u>	20f. CITY, TOWN, OR LOCATION <u>8 1/2 MI. N.E. STEELVILLE</u>	COUNTY <u>CRAWFORD</u> STATE <u>MO</u>
21. I attended the deceased from _____ to _____ and last saw him alive on _____ *Death occurred at <u>9:15 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dr, nurse or title) <u>[Signature]</u>		22b. ADDRESS <u>Steelville, MO</u>	22c. DATE SIGNED <u>8-29-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-28-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>STEELVILLE</u>	23d. LOCATION (City, town, or county) <u>STEELVILLE MO.</u>
24. FUNERAL DIRECTOR <u>JONAS FUNERAL HOME</u>	ADDRESS <u>STEELVILLE MO.</u>	25. DATE RECD. BY LOCAL REG. <u>9-5-1961</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

**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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Steelville, 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.