MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-033475
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 157

FILED AUG 28 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada — Length of stay in Ib: 25 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 317 South Main — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 317 South Main — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: John Middle: Leslie Last: Rhodes
4. DATE OF DEATH: Month: August Day: 20 Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/24/1893
9. AGE (last birthday): 68 — 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): Retired Rail Road Worker
10b. KIND OF BUSINESS OR INDUSTRY: Maintenance
11. BIRTHPLACE (City and state or country): Richhill, Missouri
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Thomas Rhodes
13b. MOTHER'S MAIDEN NAME: Sarah K Moore
14. NAME OF HUSBAND OR WIFE: Cora Vaughn Rhodes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW#1
16. SOCIAL SECURITY NO.:
17. INFORMANT: George Flegsenhar Address: Rich Hill, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atherosclerosis Cor — 10 yrs
DUE TO (c) m

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized osteoarthritis progressive 15 yrs

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 January 1948, to August 20, 1962 and last saw ~~her~~ him alive on Aug. 12, 1962
Death occurred at Nevada, Missouri 10:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R.B.Wray M.D. (Degree or title) R.B.Wray, M.D., F.I.C.S.
22b. ADDRESS: Moore Building, Nevada, Mo.
22c. DATE SIGNED: 8/22/1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/23/62
23c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
23d. LOCATION (City, town, or county) (State): Nevada, Missouri

24. FUNERAL DIRECTOR: Eichinger-Milster Funeral Home ADDRESS: Nevada, Missouri
25. DATE RECD. BY LOCAL REG.: 8-25-1962
26. REGISTRAR'S SIGNATURE: Anna E Ferry

(Licensed Embalmer's Statement on Reverse Side)

AUG 29 1962

AUG 30 1962

DEC 19 1962

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 Percy F. Mikster

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.