

FILED DEC 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36559

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>404</u>	
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>CAPE GIRARDEAU.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU.</u> c. LENGTH OF STAY (in this place) <u>20 YRS</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>803 THEMIS, ST</u>			
3. NAME OF DECEASED (Type or Print) <u>LAWRENCE EDWIN RHODS</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 29 - 1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG-20-1879</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AUDITOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>MEDORA, ILL.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>SAMUEL RHODS</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA IRWIN</u>		14. NAME OF HUSBAND OR WIFE <u>LENA S. RHODS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-15-5015</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L. N. LaLumendier Cape Gir, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis & myocardial infarction</u> ANTECEDENT CAUSES _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>11/23, 1949</u> , to <u>11/29, 1949</u> , that I last saw the deceased alive on <u>11/28, 1949</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. Keir, M.D.</u> (Degree or title) _____		23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>11/30/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 1, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK.</u>		24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU. MO.</u>	
DATE REC'D BY LOCAL REG. <u>11-30-1949</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walther's Funeral Home Cape Gir, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 13 1949

12-5-49
Health Officer No. 4
Licetile Number 1249-1578
Date Filed

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 Student Embalmer

Signed Virgil K. Kelch
Licensed Embalmer No. 7102
P. O. Address Cape Girardeau

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 this body is not embalmed, fact should be so stated above.