

No. 300
10.48

FILED MAY 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16969

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON TOWNSHIP KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0480 KANSAS CITY - Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION 97 + Blue River Road		d. STREET ADDRESS (If rural, give location) 97 + Blue River Road	

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) Newton	c. (Last) Rhodes	4. DATE OF DEATH (Month) (Day) (Year)	May 13 1951
-------------------------------------	-------------------	--------------------	------------------	---------------------------------------	-------------

5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 19-1889	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
---------------	------------------------	--	--------------------------------	------------------------------------	------------------------	----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) BATES Co Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	----------------------------------

13a. FATHER'S NAME THOMAS RHOADES	13b. MOTHER'S MAIDEN NAME MARTHA HALL	14. NAME OF HUSBAND OR WIFE Adell Cuthern Rhodes
-----------------------------------	---------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. 496-09-8591	17. INFORMANT'S SIGNATURE OR NAME Mrs Adell C. Rhodes	ADDRESS 97 + Blue River Rd
--	-------------------------------------	---	----------------------------

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		INTERVAL BETWEEN ONSET AND DEATH hours years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis of spine			

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 4-1-1951 to 5-13-1951, that I last saw the deceased alive on 5-13-1951, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE Adell C. Rhodes	(Degree or title) M.D.	23b. ADDRESS Martin City Mo	23c. DATE SIGNED 5-14-51
--------------------------------	------------------------	-----------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 15 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAH CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
--	-----------------------	--	--

DATE REC'D BY LOCAL REG. 5/14/51	REGISTRAR'S SIGNATURE Dr. Annie R. Hedger	136	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newsome	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
----------------------------------	---	-----	--	---

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

0480

JULY 23 RECD

JUN 16 1951

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

Charles Stuckney

Licensed Embalmer No. 4560

P. O. Address KC 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 this body is not embalmed, fact should be so stated above.