

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17574

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 74

0812

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

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. LENGTH OF STAY (In this place) OR TOWNSHIP <b>Years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>102 So. Walnut St.</b>		d. STREET ADDRESS (If rural, give location) <b>102 So. Walnut St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNIE</b> b. (Middle) <b>ELIZA</b> c. (Last) <b>RHODES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 3, 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 27, 1874</b>
9. AGE (In years last birthday) <b>76</b>		# UNDER 1 YEAR Months	# UNDER 4 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>John B. Dyer</b>	
13b. MOTHER'S MAIDEN NAME <b>Susan E. Overlease</b>		14. NAME OF HUSBAND OR WIFE <b>Ed Rhodes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Ed Rhodes</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Stomach Poisoning</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardio-vascular renal syndrome, severe</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 <b>0492</b>	
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) m.		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 <b>July, 1948</b> , to <b>May 3, 1951</b> , that I last saw the deceased alive on <b>May 3, 1951</b> , and that death occurred <b>11:10 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>James M. Myers MD</b>		23b. ADDRESS <b>Rolla, Mo.</b>	
23c. DATE SIGNED <b>5/5/51</b>		24. LOCATION (City, town, or county) (State) <b>Rolla, Mo.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 5, 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Rolla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Rolla, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>May 5, 1951</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stolle</b>	
580		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul E. Mill</b>	
ADDRESS <b>Rolla, Mo.</b>			

RECEIVED

Franklin County Health Officer,

County File Number \_\_\_\_\_

Date Filed May 16, 1951

MAY 22 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Paul E. Null

Signed.....  
Student Embalmer

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.