No. 300
10.48

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19400

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5109 Registrar's No. 53

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

1. PLACE OF DEATH
a. COUNTY: BOLLINGER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL, CROOKED CREEK TWP
c. LENGTH OF STAY (In this place): LIFETIME
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NEAR BESSVILLE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: BOLLINGER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL, CROOKED CREEK TWP.
d. STREET ADDRESS (If rural, give location): NEAR BESSVILLE

0090

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): CYRUS
c. (Last): RHODES

4. DATE OF DEATH (Month) (Day) (Year): 6-20-1951

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 9-2-1867
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 9, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BOLLINGER Co. MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HENRY T. RHODES
13b. MOTHER'S MAIDEN NAME: AMELIA BERRY
14. NAME OF HUSBAND OR WIFE: DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: LYMAN H. RHODES
ADDRESS: BESSVILLE, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage — 2 mo.
DUE TO (c) Hypertension

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: 331x
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November 8, 1950, *to* June 20, 1951, *that I last saw the deceased alive on* June 19, 1951, *and that death occurred at* 1:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Everette L. Price, D.O. (Degree or title)
23b. ADDRESS: Lutesville, Mo.
23c. DATE SIGNED: 6-21-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-22-51
24c. NAME OF CEMETERY OR CREMATORY: OLD UNION CEM.
24d. LOCATION (City, town, or county) (State): BESSVILLE MO.

DATE REC'D BY LOCAL REG.: 6-22-51
REGISTRAR'S SIGNATURE: Willie VanAmburgh
25. FUNERAL DIRECTOR'S SIGNATURE: BAKER FUNERAL HOME
ADDRESS: LUTESVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUN 27 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

JUL 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 A. J. Baker

Licensed Embalmer No. 3573

P. O. Address Tuttle Ill

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.