

FILED SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32354
State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Bernice</u>	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln Wash left</u>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Nebraska</u>	
c. LENGTH OF STAY (in this place) <u>6m 3d</u>		d. STREET ADDRESS (if rural, give location) <u>930 N. Commercial</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u> b. (Middle) <u>LEE</u> c. (Last) <u>RHODES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-29-51</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>1904 Oct - 29</u>
9. AGE (In years last birthday) <u>46</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Surge</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Nevada Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>W. Crow</u>	13b. MOTHER'S MAIDEN NAME <u>W. Crow</u>	13c. NAME OF HUSBAND OR WIFE <u>W. L. Rhodes</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>2</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record</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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Tuberculosis, 1st.</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>			
19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>002x</u>
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 <u>2-1-1951</u> to <u>8-29-1951</u> , that I last saw the deceased alive on <u>8-29-1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. G. Hall</u> (Degree or title) _____		23b. ADDRESS <u>Nebraska Mo</u>	23c. DATE SIGNED <u>8-29-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u>	24b. DATE <u>8-31-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nebraska Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Mo</u>
DATE REC'D BY LOCAL REG. <u>9-4-1951</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	451	25. FUNERAL DIRECTOR'S SIGNATURE <u>Erving Funeral Home</u> ADDRESS <u>Nebraska Mo</u>

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

1082

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED

SEP 10 1951

Dist. File

951-1647

Date Filed

9-10-51

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.....
Student Embalmer

Signed

Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address Newada, 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.