

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11737

State File No.

Registrar's No. 19

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6/71

1. PLACE OF DEATH
a. COUNTY **STONE**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **STONE**

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place)
"RURAL" Ponce de Leon 45 YRS.

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **"RURAL" Ponce de Leon 1040**

d. FULL NAME OF HOSPITAL OR INSTITUTION (Home) **R.F.D. 1, HIGHLANDVILLE**

d. STREET ADDRESS (If rural, give location)
R.F.D. 1, HIGHLANDVILLE

3. NAME OF DECEASED
a. (First) **LILLIE** b. (Middle) **MAUDE** c. (Last) **RHEA**

4. DATE OF DEATH (Month) (Day) (Year)
FEB. 22 1952

5. SEX
FEMALE

6. COLOR OR RACE
WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED 1

8. DATE OF BIRTH
SEPT. 20 - 1882

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.
69

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY
-

11. BIRTHPLACE (State or foreign country)
STONE CO., MISSOURI

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
FRANK SIMS

13b. MOTHER'S MAIDEN NAME
SARAH KIRK

14. NAME OF HUSBAND OR WIFE
SIDNEY M. RHEA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
MISS NETTIE RHEA, RFD#1, HIGHLANDVILLE, 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) **Coronary thrombosis**
ANTECEDENT CAUSES
Morbid 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. **5/10/51**

INTERVAL BETWEEN ONSET AND DEATH
1 day (1 hour)

Yes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
2/10/52

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)
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 **1949**, to **Feb 22, 1952**, that I last saw the deceased alive on **Dec 15, 1951**, and that death occurred at **8:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE
D. Roy

23b. ADDRESS
Bank, Mo.

23c. DATE SIGNED
15 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
FEB. 26 - 1952

24c. NAME OF CEMETERY OR CREMATORY
FLOOD CEMETARY

24d. LOCATION (City, town, or county) (State)
STONE COUNTY MO.

DATE REC'D BY LOCAL REG. **March 20 - 52** REGISTRAR'S SIGNATURE **Mo. J. Elmer Brossant**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
John Dean Harris, Clero, Mo.

per Lena Thurnoff (Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

40
1

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

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 _____

John Hlean Harris

Licensed Embalmer No. _____

4390

P. O. Address _____

Cleves 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.