

FILED SEP 13 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27484

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>393</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3721</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City North</u>		c. LENGTH OF STAY (In this place) <u>-</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City North</u>		d. STREET ADDRESS (If rural, give location) <u>5645 Barnes</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5645 Barnes</u>				d. STREET ADDRESS (If rural, give location) <u>5645 Barnes</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARGARET</u>		b. (Middle) _____		c. (Last) <u>RHODUS</u>	
4. DATE OF DEATH (Month) (Day) (Year)		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 9, 1872</u>		9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Rufus Cummins</u>		13b. MOTHER'S MAIDEN NAME <u>Telia Gant</u>		14. NAME OF HUSBAND OR WIFE <u>Daniel Rhodus</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Rhodus</u> ADDRESS <u>5645 Barnes, K.C. North</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>		ANTECEDENT CAUSES				DUE TO (b) <u>Congestive heart failure</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Hypertensive C.V. disease</u>				DUE TO (d) <u>Cerebral hemorrhage 1 week ago</u>	
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>8/13</u> 19 <u>52</u> to <u>Aug 17, 1952</u> that I last saw the deceased alive on <u>8/13</u> , 19 <u>52</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. S. McCormick</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>5025 Swift N. KC Mo</u>		23c. DATE SIGNED <u>8/24/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lawson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lawson, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-20-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Lawson</u>		ADDRESS <u>Lawson Mo</u>	

(Licensed Embalmer - Statement on Reverse Side)

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

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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 *Lindsey K. Jaraman* .....

Licensed Embalmer No. *4589* .....

P. O. Address *Enoch Springs, 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.