

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35165**
4619

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) 4218 MONTGALL	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL			

3. NAME OF DECEASED a. (First) Clarence		b. (Middle) L		c. (Last) Rhodes		4. DATE OF DEATH (Month) (Day) (Year) OCT-21-1952	
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT-21-1883		9. AGE (In years last birthday) 69		10. UNDER 1 YEAR Months - Days -		11. UNDER 24 HRS. Hours - Min. -	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) YARD CLERK				10b. KIND OF BUSINESS OR INDUSTRY SANTA FE				11. BIRTHPLACE (City and State or Foreign Country) ST. Louis Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME ROBERT RHODES				13b. MOTHER'S MAIDEN NAME SARA JANE McBRIDE				14. NAME OF HUSBAND OR WIFE DEKONIA RHODES			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME MRS. DEKONIA RHODES				ADDRESS K.S.W.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease										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) _____ DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										42	

19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)			
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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?					
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Angelo Lapi (Degree or title) antyp surgeon				23b. ADDRESS 101 Memorial Drive				23c. DATE SIGNED 10/22/52			
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct 24 1952		24c. NAME OF CEMETERY OR CREMATORY Broadway Cem.				24d. LOCATION (City, town, or county) (State) Rantown Mo			
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DATE REC'D BY LOCAL REG. 10-22-52		REGISTRAR'S SIGNATURE E. Geraldine Smith				25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman & Son Inc.						ADDRESS K.C. Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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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

Bert B. Bennett

Licensed Embalmer No. *4656*

P. O. Address *Kansas City, 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.