

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16508

State File No.

LED APR 29 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1037

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>	c. CITY OR TOWN <u>Kennett</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>Colony House #43</u> <u>0352</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosie</u>		b. (Middle) <u>Jane</u>	c. (Last) <u>Barnes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 7, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 25, 1911</u>	9. AGE (In years last birthday) <u>41</u>	# UNDER 1 YEAR Months Days
# UNDER 1 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kennett, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13a. FATHER'S NAME <u>Charles Rhodes</u>		13b. MOTHER'S MAIDEN NAME <u>Malvina Nixon</u>	14. NAME OF HUSBAND OR WIFE <u>Glenn</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 ADDRESS <u>Glenn Barnes, Kennett, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tumor of brain malignant</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</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.			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.			19a. DATE OF OPERATION <u>4-6-53</u>		
19b. MAJOR FINDINGS OF OPERATION <u>Same.</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<u>193X</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) m.		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>4-4</u> , 19 <u>53</u> to <u>4-7</u> , 19 <u>53</u> that I last saw the deceased alive on <u>4-7</u> , 19 <u>53</u> , and that death occurred at <u>4:45</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Robert J. Woolsey</u>			23b. ADDRESS <u>66 HAMPTON VILLAGE PLAZA</u>		23c. DATE SIGNED <u>4-9-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-10-53</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Dunk</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Malbert H. Hoppe, 4700 Washington Blvd.</u>		

P.F. (Licensed Embalmer's Statement on Reverse Side)

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

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No. 300
10-48

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DEC 9

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.....
Signature of Student Embalmer

Signed.....
Fred J. Larmer

Licensed Embalmer No. *478*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.