

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32273

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

No. 300  
10-48

FILED OCT 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 135

582

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

1. PLACE OF DEATH a. COUNTY: <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>2 Weeks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memo. Hosp.</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldridge</u>	
		f. STREET ADDRESS (If rural, give location) <u>Eldridge</u>	

3. NAME OF DECEASED (Type or Print) <u>Alpha Rhodes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 22 1896</u>		9. AGE (in years last birthday) <u>56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede Co. Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Pete Fohn</u>		13b. MOTHER'S MAIDEN NAME <u>Rutha Waterman</u>		14. NAME OF HUSBAND OR WIFE <u>J. H. Rhodes</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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Harold Barber Lebanon Mo.</u>	

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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</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 checked="" 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) <u>Lebanon Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 7-1, 1953 to 9-30, 1953, that I last saw the deceased alive on 9-30, 1953, and that death occurred at 12.00 m. noon on the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Carrington, M.D. Lebanon, Mo.</u>		23b. ADDRESS		23c. DATE SIGNED <u>10-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/2/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>	
				24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>	

DATE REC'D BY LOCAL REG. <u>10-2-1953</u>		REGISTRAR'S SIGNATURE <u>Hella L. May</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rubens Lebanon Mo.</u>	
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OCT 13 1953

Received .....  
Laclede County Health Unit  
File No. 10-53-147  
Date Filed OCT 13 1953

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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Chardon 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.