

STANDARD CERTIFICATE OF DEATH

State File No. **43941**

FILED DEC 17 1953

0540

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5981 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fairplay Mo. (Madison Twp.)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dallas</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>2036 Old Orchard Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile East of Fairplay Mo.</u>			
3. NAME OF DECEASED a. (First) <u>Willard</u> b. (Middle) <u>Crockett</u> c. (Last) <u>Rhodes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 5 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Oct. 10 1918</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Leading Machine Operator</u>		11. BIRTHPLACE (State or foreign country) <u>Near Hodey Grove Texas</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Operator of Machine</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Crockett Henry Rhodes</u>		13b. MOTHER'S MAIDEN NAME <u>Marion C. McFarland</u>	
14. NAME OF HUSBAND OR WIFE <u>Hydette Wallace Rhodes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>W.W. II</u>		16. SOCIAL SECURITY NO. <u>457-10-3655</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>C.H. Rhodes</u>		ADDRESS <u>2036 Old Orchard Dallas Texas</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Internal Chest Injuries</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES <u>and Broken neck</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>E8161 26</u> 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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about building, on or about highway, etc.) <u>Mo Highway 132 2122 Near Fairplay Polk Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>84 Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 5, 1953 about 11 a.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto-Track Accident</u>	
22. I hereby certify that I attended the deceased from <u>Dec. 5 1953</u> , to _____, 19____, that I last saw the deceased <del>alive</del> <u>alive on Dec. 5</u> , 1953, and that death occurred at <u>11:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward R. Carver Coroner Polk Co. Mo.</u>		23b. ADDRESS <u>Bellevue Mo.</u>	23c. DATE SIGNED <u>Dec. 7, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 9 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hodey Grove Texas</u>
DATE REC'D BY LOCAL REG. <u>Dec. 7, 1953</u>	REGISTRAR'S SIGNATURE <u>Ralph Gorden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwin</u>	ADDRESS <u>804 Blue, Belivar, Mo.</u>

DEC 17 1932

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Edward P. Erwin*

Licensed Embalmer No. *3092*

P. O. Address *Salix, 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.