

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21149**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4527**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Madison.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. ()		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Marquand		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0620	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marian Hospital.				e. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) a. (First) Bessie		b. (Middle) Leila		c. (Last) Rhodes		4. DATE OF DEATH (Month) (Day) (Year) May 19, 1954	
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Feb. 19, 1894		9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 1 HR. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home.		11. BIRTHPLACE (City and State or Foreign Country) North Carolina, /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Smith		13b. MOTHER'S MAIDEN NAME Amanda Hildebrand.		14. NAME OF HUSBAND OR WIFE David Ross Rhodes,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Betty Rhodes, 4311 McPherson Ave.			
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) Carcinoma of Cervix Uteri					INTERVAL BETWEEN ONSET AND DEATH. 3 years	
*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		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. 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? 171X			
22. I hereby certify that I attended the deceased from 4-22, 1954 , to 5-19, 1954 , that I last saw the deceased alive on 5/19, 1954 , and that death occurred at 10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) G. G. Zutschel M.D.				23b. ADDRESS 3306 So 13th		23c. DATE SIGNED 5/20/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-21-54	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Fredericktown, Mo.		
DATE REC'D BY LOCAL REG. MAY 20 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington			

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

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 *John J. Haines*.....
Licensed Embalmer No. *410*.....
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.