

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 4 - 1954

State File No. **23494**

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

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>2033</u>		Registrar's No. <u>125</u>	
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Laclede			
b. CITY (If outside corporate limits, write RURAL and give town) Lebanon		c. LENGTH OF STAY (In this place) 3 Months		c. CITY (If outside corporate limits, write RURAL and give township) Lebanon		0532	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 551 Main St.				d. STREET ADDRESS (If rural, give location) 551 Main St.			
3. NAME OF DECEASED (Type or Print) Herman		a. (First)		b. (Middle) Albert		c. (Last) Rhoden	
4. DATE OF DEATH (Month) (Day) (Year) July 23, 1954		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED OR FORCED (Specify) Married	
8. DATE OF BIRTH Nov. 28, 1902		9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months Days		IF UNDER 100 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tourist Court Attendant.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Laclede County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Rhoden		13b. MOTHER'S MAIDEN NAME Mattie Brookshire		14. NAME OF HUSBAND OR WIFE Jewell Rhoden			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 494-07-6675		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Lee Rhoden Lebanon, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		DUPLICATE					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE					
DUPLICATE		DUPLICATE					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		(Deo A.)					
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)			
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?			
22. I hereby certify that I attended the deceased from <u>death on arrival</u> , to <u>arrival</u> , that I last saw the deceased alive on <u>July 23, 1954</u> , and that death occurred at <u>3:30P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paula Jenkins MD				23b. ADDRESS Knight Bldg Lebanon		23c. DATE SIGNED 7/24/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-25-54		24c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery		24d. LOCATION (City, town, or county) (State) Lebanon, Missouri	
DATE REC'D BY LOCAL REG. 7-25-1954		REGISTRAR'S SIGNATURE Hella L. May		25. EMERALD DIRECTOR'S SIGNATURE ADDRESS Palmer, Lebanon Mo			

REC. R & JMV

Received ----- JUL 31 1954
Laclede County Health Unit
File No. ----- 8-57-124
Date Filed ----- AUG 2 1954

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 Richard L Palmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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.